

KELSO HIGH SCHOOL FIELD TRIP REQUEST Form A

Organization involved: _____ Date of trip: _____ Date Requested: _____

Reason for trip: _____

Destination: _____ Departure Time: _____ Return Time: _____

If this is out-of-state travel, Form B request for administration and school board approval is attached. (Allow four weeks from the date to submit this form).

Supervision	Teacher in charge: _____ Number of students involved: _____ Adult chaperones: _____ _____ _____ _____ If travel is overnight or out of state – chaperones must be 10-fingerprinted approved. See form B.
Travel	<input type="checkbox"/> School Bus <input type="checkbox"/> Attached is a KSD bus trip ticket to reserve school bus(es). <input type="checkbox"/> KHS Van <input type="checkbox"/> The school van has been reserved... <input type="checkbox"/> I am certified to drive the van. <input type="checkbox"/> Charter Bus <input type="checkbox"/> Charter bus has been approved by transportation. <input type="checkbox"/> The activities coordinator has signed a contract. <input type="checkbox"/> Air <input type="checkbox"/> Tickets have been arranged & form B for overnight/out of state travel is attached.
Paperwork	<input type="checkbox"/> Parent Permission forms with emergency information are on file for each student. <input type="checkbox"/> Student conduct and expectations have been discussed and provided in written form <input type="checkbox"/> Chaperone conduct and expectations have been discussed and provided in written form <input type="checkbox"/> Itinerary has been given to parents, secretaries, administrators and attached to this form.
Funding	Substitute .. <input type="checkbox"/> ASB <input type="checkbox"/> Vocational <input type="checkbox"/> Building Account Number: _____ Transportation... <input type="checkbox"/> ASB <input type="checkbox"/> Vocational <input type="checkbox"/> Building Account Number: _____ Lodging... <input type="checkbox"/> ASB <input type="checkbox"/> Vocational <input type="checkbox"/> Building Account Number: _____ Food... <input type="checkbox"/> ASB <input type="checkbox"/> Vocational <input type="checkbox"/> Building Account Number: _____
Safety	<p><i>Does this field trip involve any of the following (please check all that apply):</i></p> <input type="checkbox"/> Swimming, boats, or in/around water <input type="checkbox"/> Animals <input type="checkbox"/> Remote locations/hiking <input type="checkbox"/> Air Travel <input type="checkbox"/> Outdoor education <input type="checkbox"/> Motorized Activities

Office Use Only

Approved Denied _____ Placed on Calendar
Activities Coordinator

Distribution: Give copy to Advisor