

PLEASANTON UNIFIED SCHOOL DISTRICT
REQUEST FOR FIELD TRIP

Date of Request: _____ Date of Field Trip: _____

Name of Class, Club or Organization: _____

Destination: _____

Number of Miles (one way): _____ Number of Students Participating: _____

Time of Departure: _____ Time of Return: _____

Names of Chaperones: _____

Transportation Method: Charter School Bus* Personal Car School Pupil Activity Bus (SPAB)**

*Charter Bus Verification: Date: _____ Name: _____

**SPAB Bus Verification: Date: _____ Name: _____

Transportation Cost will be paid by: Organization Student Body Site Individual Student

Cost Breakdown		
Fee: \$ _____	Transportation: \$ _____	Substitute: \$ _____

Send bill to: Name: _____ Address: _____

Telephone Number: _____

Educational value and purpose of this field trip: _____

Provisions for students not participating in the field trip: _____

Signature: _____ Date: _____
Employee/Sponsor

Approval: _____ Date: _____
Department Chairperson, 6-12 only

Approval: _____ Date: _____
Administrator

Mandatory Trip Checklist

- _____ Check School Calendar for conflicts, then list the trip.
- _____ Call for transportation to get a list of school charter bus companies or SPAB companies.
- _____ Check with principal's secretary for cost of substitute.
- _____ Submit "Request for Field Trip" to school administrator at least **4 weeks** prior to trip.
- _____ Submit appropriate copy to the school office.
- _____ Check to see if field trip date is open for substitutes, if one is needed.
- _____ Issue and collect permission slips. One to be taken on a trip, and one to be left in the school office the day of the trip.
- _____ Submit trip money to the school/Student Activities office, if applicable.
- _____ Distribute a list of participating students/staff to the school office, faculty and school attendance secretary.
- _____ **Review Emergency Medical Information forms**
- _____ a. Check out medications for students from the Health Office after 3pm the night before the trip and/or collect medications from parents
- _____ b. During the field trip, record medications given
- _____ c. After field trip, check in medications by the beginning of the next school day
- _____ If trip is by means other than school charter bus, a "transportation of Students in Private Owned Vehicles" form needs to be completed by driver and filed with the school office **7 day** prior to trip.
- _____ Refer students in need to administration. No student may be denied participation due to financial hardship.
- _____ Confirm all field trip arrangements.
- _____ Provide cell phone number to school site in the event of an emergency.
- _____ Chaperones/Drivers cleared through Office.
(Teachers, please make sure you have cell phone numbers for all chaperones/drivers.)
- _____ Review with Administrator

Signature: _____
Teacher

Date

Please turn in both sheets (field trip/ checklist) to school site office prior to field trip.