_____ **Request Received Final Approval**

_____ **Request Denied**

Field Trip/Activity Approval Request Form

District Administration Approval (✓ Check below as applicable)

☐ **Risk Manager** Review required if **Matrix Legend Code O** or **X**, **Not listed** and/or if additional requirements listed in **Notes**

Approved_____*(initials)* Date approved _____

Approved with conditions _____*(initials)*_____

Denied_____*(initials)* Date denied _____

☐ **Overnight**

Superintendent Signature _____ Date approved _____

☐ **Out of State/Out of Country**

Board Approval Signature or Stamp:_____ Date approved _____

☐ **Transportation** copy of Approved Field Trip Request sent to Dispatcher Date sent _____

School _____ Department /Group/Sport_____ Trip/Activity Date _____

Trip/Activity Name: _____

Type: ☐ Day ☐ Evening ☐ Overnight ☐ Out of State ☐ Out of Country

Activity Type: ☐ Other: _____ ☐ Sports

Trip/Activity Reason _____

Advisor/Requestor_____ Work Phone_____Cell Phone_____

Billing Information *(Required to Process)*

Check one (or more)	Budget Code:	Amount
☐ Student Fee		
☐ Building Budget		
☐ ASB Account		
☐ Transportation Cost		

Trip Origin/leaving from _____

Departure Date _____ Departure Time_____

Return Date _____ Return Time_____

Trip/Activity Location _____

Overnight Trip: Name of lodging_____ Telephone_____

Address of lodging_____

Cost trip per student _____ ☐ Student pay ☐ District pay ☐ Other_____

Notes (Relevance to instructional unit)_____

_____

Proposed Activities _____

_____

Activity Ratio:

Number of adults_____ (Total of District Personnel and Chaperones)

Number of students _____ *Student to Adult ratio must be in accordance with requirements on Matrix Legend Code*

Field Trip/Activity Approval Request Form Continued

Number of Non-District chaperones attending _____(Chaperones must be current, approved district volunteers)
Number of Non-Chaperone Adults attending _____(Identify relationship to student(s) on separate attached page)
Total Number of School District personnel attending _____

Transportation will determine and schedule type of transportation appropriate for trip and number of participants
Please check transportation preference if any ☐Van ☐ Bus ☐ Wheelchairs #_____
If Van, Driver #1 Name_____ Current Driving Abstract? ☐ Yes ☐ No
Driver #1 Name_____ Current Driving Abstract? ☐ Yes ☐ No
Special Instructions regarding this trip _____
_____

☐ If student is medically fragile, medically complex and/or has life threatening health condition contact School RN, Date Contacted _____
☐ Health Room notified 2 weeks prior to all Field Trips (initial) _____Nurse

Name of District Personnel	Cell Phone	CPR/First Aid Certification (Attach copy both sides of card)

Field Trip/ Activity Details (Specific details including hazards not usually present in the classroom, etc.)
_____
_____

☐ **Day Trip Itinerary below** ☐ **Overnight Trip, detailed Itinerary must be attached**

Date	Time	From	To	Mode of Transport	Activity

Verification Check List – *Each line should be initialed by responsible party or write NA if not applicable:*
_____ Parent Permission Forms on file in main office
_____Notify Kitchen of the Field Trip - Sack Lunch Order turned in to kitchen if applicable
_____List of WSP approved Chaperones on file with Field Trip Approval Request Form prior to leaving on your trip
_____ Field Trip and/or Activities are NOT listed on the matrix (district review required)

Field Trip/Activity IS listed on the matrix and is marked::

Initial Legend Code below that is applicable to activity per Student Activity Matrix:

_____**Legend Code A** ~ Activity is pre-approved for this age level with a minimum of 10 to 1 student to adult supervisor ratio.

_____**Legend Code O** ~ Activity, whether on campus or off campus, is pre-approved for this age level as long as more stringent 7 to 1 student to adult supervisor ratio and additional requirements in **Notes** are reviewed and approved.

_____**Legend Code X** ~ Activity may be approved on a case by case basis subject to review by both the school Principal (or Program Director) and the district Risk Manager on case by case basis 30 days in advance of activity date.

When all of the above requirements have been addressed, if activity is **Legend Code O or X; Not listed;** Matrix indicates additional requirements for this type of trip in **Notes; trip is Overnight, Out of State** or **Out of Country,** send Field Trip Approval Request and supporting documentation to District Risk Manager.

Building Administrator Approval _____ Date approved _____