

FIELDTRIP REQUEST FORM

DATE OF FIELDTRIP: _____ GRADE(S): _____

EVENT NAME: _____

DESTINATION & ADDRESS (include zip): _____

VENUE CONTACT AND NUMBER: _____

(Please Note: You may not deviate from your itinerary while on this fieldtrip.)

TRANSPORTATION:

- Private Car
(Parents must have a current driver insurance form on file to be eligible to drive.)
- Tri-Met Bus or Max Train
(# of student tickets: _____ # of adult tickets: _____ TOTAL #: _____)
- School/Charter Bus
(# of students: _____ # of adults: _____ TOTAL #: _____)
- Walking (# of students: _____ # of adults: _____ TOTAL #: _____)

Time departing STM: _____ Time returning to STM: _____

Event start time: _____ Event end time: _____

LUNCH PLANNING: Teachers must notify parents of lunch plans.

- Students should ***not*** order hot lunch on this day. Please notify the hot lunch team.
- Students should pack a sack lunch.
- Lunches are not affected by this fieldtrip.

CHECK REQUEST:

Amount of check \$: _____ Date check needed: _____

- Invoice attached Mail check **or** I will take the check with me on the fieldtrip

If a check is to be mailed, please include the following information:

Payee: _____

Address: _____

Fieldtrip cost: PTO Class Funds PTO Wish List Funds Arts Enrichment Fund

TEACHER IN CHARGE OF FIELDTRIP: _____

DUTY ASIGNMENT: I have arranged for _____ to take my _____ duty.

LIST ALL STAFF ATTENDING:

Student/Teacher Name Tags needed for trip

ROOM PARENT COORDINATOR: _____

LIST ALL CHAPERONES / DRIVERS:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

- BACKGROUND CHECK UP TO DATE (Checked by: _____)
- CALLED TO PROTECT UP TO DATE (Checked by: _____)
- DRIVER INFO FORM ON FILE (Checked by: _____)
- POSTED TO ALMA (Office use)

MEDICATIONS TO BE CHECKED OUT FROM OFFICE:

Student Name	Medication	Release on File
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STAFF MEMBER IN CHARGE OF MEDICATION: _____

DATE REQUEST SUBMITTED: _____

PRINCIPAL'S SIGNATURE: _____