

# 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: \_\_\_\_\_