

# Wenatchee School District 246

## Request for Approval of a School Related Field Trip/Student Transportation

Please submit request at least **one month** in advance of proposed **in-state field trip** date and **90 days** in advance of proposed **out-of-state field trip** date to your **Building Principal for approval**. Only when field trips are **out-of-state**, do you send request to the **Central Administration Office for approval**.

**[All out-of-state travel requires Board approval]**

School \_\_\_\_\_  
 Teacher \_\_\_\_\_  
 Destination \_\_\_\_\_

Today's Date \_\_\_\_\_  
 Number of Students \_\_\_\_\_  
 Phone \_\_\_\_\_

**[Please attach an itinerary for out-of-town trips]**

Grade/Class Name & Purpose of Trip \_\_\_\_\_

**Desired date for field trip/transportation:** →

Confirmed Date \_\_\_\_\_  
 Time of Departure \_\_\_\_\_  
 Time of Return Pickup \_\_\_\_\_

**\*Estimated cost must be provided above before this field trip can be approved.**

Number of Busses Requesting \_\_\_\_\_

\*Estimated \$ Amount \_\_\_\_\_

Check with Transportation office for an estimation of cost.

**How will the students be transported:**

School Bus [ ]      Lift Bus [ ]      School Van [ ]      Walk [ ]      Other [list] \_\_\_\_\_

\*Private Cars [ ] → **\*Adult drivers are required and must be insured for liability. Proof of insurance should be provided to building principal/administrator, as per district policy and procedures #8131P.**

Number of adults assisting \_\_\_\_\_

Special clothing, equipment or arrangements needed \_\_\_\_\_

Have the final arrangements been made with the host? \_\_\_\_\_  
 By teacher                      Yes [ ]                      No [ ]

What is the purpose of this trip? \_\_\_\_\_

**\*Notify Food Services:**

Has Food Services been notified so they can adjust their counts?                      Yes [ ]                      No [ ]  
 Will the students be away from the building during breakfast or lunch?                      Yes [ ]                      No [ ]

Do you have any special needs students that require accommodations?                      Yes [ ]                      No [ ]  
 If so, have you arranged to meet those needs?                      Yes [ ]                      No [ ]

Charge To: \_\_\_\_\_  
 Department Account Code OR Means of Funding  
 (i.e. student responsibility)

Approved by Assistant Superintendent **[only when out-of-state]**

\_\_\_\_\_  
 Principal/Administrator

\_\_\_\_\_  
 Date

**SEPARATE FORM AND DISTRIBUTE AS LISTED FOLLOWS:**  
*White (Transportation) — Green (Food Services) — Yellow (Curriculum) — Pink (Principal)*