

Wenatchee School District #246



Electronic Field Trip Request

For Office Use Only!

Date Submitted:		Submitted by:	
Type:	Trip:	Post:	Pull:
Roster	Shuttle	Call Back	Emergency

Teacher Instructions: Fill out this two-page form, save it, and email it to your Principal/Building Administrator for approval. Please submit this request to your building Principal for approval at least **30 days** in advance of proposed **in-state** field trip date and **90 days** in advance of proposed **out-of-state** field trip date.

Teacher Section – Trip Information

Trip Date:		Destination:	
Pick up Location/Bldg: <i>Bus driver will arrive at the designated pick up location 15 minutes prior to departure time for loading.</i>		Grade/Class:	
School:	Teacher:	Contact phone # during trip:	
Purpose of Trip:		Dept. Account Code (Teacher leave this blank)	
Time of Departure:	am pm	Time to depart event for return home:	am pm
Approx # of Students Participating:		Approx # of Adult Passengers:	
Method of Transportation: School Bus Lift Bus Walk Private Car* Other: SUV (call Transportation to reserve a SUV vehicle 662-6168) Reservation Vehicle # _____ *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.			
Failure to cancel your trip will result in a 2 hour minimum billing			

Below section for trip drivers only!

Teacher Section – Field Trip Itinerary *Please complete this section if the bus must stop at more than one school*

1. Time of Departure:	1. Pick up Location/Bldg:
2. Time of Departure:	2. Pick up Location/Bldg:
3. Time of Departure:	3. Pick up Location/Bldg:
Time to depart event for return home:	Return Date:
Estimated Time of Arrival:	Drop Off Location/Bldg:
Please complete the following if the bus must return to more than one school:	
1. Estimated Time of Arrival:	1. Drop Off Location/Bldg:
2. Estimated Time of Arrival:	2. Drop Off Location/Bldg:
3. Estimated Time of Arrival:	3. Drop Off Location/Bldg:

Out-Of-State Information (Required for out of state trips):

Please explain in detail the benefit to students:	APPROX. COST OF TRIP:
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Cost Breakdown Required:

ASB \$ AMT _____ **DIST Program \$ AMT** _____ **Parent \$ AMT** _____

Teacher Section – Field Trip Checklist	
➤ Event has been listed on the Building Activity Calendar? (4 weeks notice)	<input type="checkbox"/> In Progress <input type="checkbox"/> Completed
➤ List of all participating students and Checklist has been sent to School Nurse (4 weeks notice)	<input type="checkbox"/> In Progress <input type="checkbox"/> Completed
➤ Parent permission forms have been sent home - Parent Permission to Participate in Field Trip (Eng) & (Span.) LNT-F009	<input type="checkbox"/> In Progress <input type="checkbox"/> Completed
➤ Parents who will accompany students on the field trip have “volunteer” clearance through the office (1 week process)	<input type="checkbox"/> In Progress <input type="checkbox"/> Completed <input type="checkbox"/> Not-applicable
➤ Classroom teacher has identified special needs students that require accommodations (i.e., physical disability, severe allergies)	<input type="checkbox"/> In Progress <input type="checkbox"/> Completed
➤ Arrangements have been made to meet the following special needs:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not-applicable
➤ List of all participating students and Checklist has been sent to Attendance Office (2 weeks notice)	<input type="checkbox"/> In Progress <input type="checkbox"/> Completed <input type="checkbox"/> Not-applicable
➤ Sack lunches (if necessary) have been ordered from Food Services (2 weeks notice)	<input type="checkbox"/> In Progress <input type="checkbox"/> Completed <input type="checkbox"/> Not-applicable

Principal/Office Manager Section – By electronically forwarding the COMPLETED form, the principal is approving this trip.		
➤ Department Account Code:	Means of Funding: (i.e., student responsibility, grant, ASB etc.)	
➤ Are District Vehicles requested for this trip? (please provide 4 weeks notice)	<input type="checkbox"/> Yes →	<input type="checkbox"/> No
➤ Will students be away during breakfast or lunch during this trip?	<input type="checkbox"/> Yes →	<input type="checkbox"/> No

Learning and Teaching Department Section – OUT OF STATE TRIPS		
Only when field trips are out-of-state , are requests sent to the Learning and Teaching Department for School Board Approval. All out of state travel requires School Board approval and must be received at least 90 days in advance of the trip.		
➤ Is this trip outside of the state of Washington?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Assistant Superintendent Signature (Signature is needed if this is an out of state trip)

Date

BY CLICKING ON THE NOTIFICATION BUTTONS ABOVE, AND SENDING THE EMAILS, ELECTRONIC COPIES OF THIS FORM WILL BE SENT TO:
 TRANSPORTATION (triprequest@mail.wsd.wednet.edu), NURSES (sblendorio.s@mail.wsd.wednet.edu), FOOD SERVICES (getzin.k@mail.wsd.wednet.edu),
 AND THE LEARNING AND TEACHING DEPARTMENT (noll.p@mail.wsd.wednet.edu)