Snohomish School District No. 201

REQUEST FOR APPROVAL OF DAY FIELD TRIP

Please complete this form at least three weeks in advance of trip and submit to your building administrator for approval. All necessary arrangements must be approved by principal or designee.

				oday's Date:
Number of Students:	School:	Group/Class:		Grade(s):
students. Destination: Destination: Address:	Number of Students:	Number of Chaperones: S ^t	taff Parents	Other Volunteers
Destination: Address:	$\ \square$ I have verified volunteers have a W	/A State Patrol check and completed	Criminal History Disclosure for	m on file prior to unsupervised contact with
Address:				
Date of Trip: Departure:	Destination:			
Time of Trip: Departure:	Address:			Map Attached? \square
Mode of Transportation: District-Owned: Bus	Date of Trip: Departure:		Return:	
District-Owned: Bus	Time of Trip: Departure:		Return:	
□ I have verified District drivers are employed by the District and have a Type I (renewed annually) on file. • Other (specify)	Mode of Transportation:			
Other (specify) (Commercial transportation must be accompanied by a Certificate of Insurance, with no less than \$1,000,000 combined single limit.) Estimated Cost Breakdown: Registration/Fees \$ Substitutes \$ Transportation \$ Meals \$ Miscellaneous \$ Total \$ Cost per Student: \$ Budget Code: Signature of Accountable Administrator Signature of Accountable Administrator ASB Funded: Yes \(\text{No} \) \(\text{ASB Student Signature/Approval (if applicable)} \) Monetary Assistance for students and families in need: Describe how this is communicated, accessed, and fund Source: \(\text{InvestEd} \) \(\text{Scholarship} \) \(\text{Grants} \) \(\text{Fundraising} \) \(\text{Parent Club} \) \(\text{Other} \) Outcome of Trip: (specific goals and objectives to be achieved by this trip)	• District-Owned: Bus \square	Van 🗌 🏻 Car 🗀		
Commercial transportation must be accompanied by a Certificate of Insurance, with no less than \$1,000,000 combined single limit.) Estimated Cost Breakdown: Funding Source:	☐ I have verified District drive	ers are employed by the District and	have a Type I (renewed annua	ally) on file.
Commercial transportation must be accompanied by a Certificate of Insurance, with no less than \$1,000,000 combined single limit.) Estimated Cost Breakdown:	Other (specify)			
Registration/Fees \$	(Commercial transportation mus	t be accompanied by a Certificate o	f Insurance, with no less than	\$1,000,000 combined single limit.)
Registration/Fees \$	Estimated Cost Breakdown:	Funding S	ource:	
Substitutes \$				
Transportation \$ Meals \$ Miscellaneous \$ Total \$ Cost per Student: \$ Budget Code: Budget Code: Signature of Accountable Administrator Signature of Accountable Administrator ASB Funded: Yes No ASB Student Signature/Approval (if applicable) Monetary Assistance for students and families in need: Describe how this is communicated, accessed, and fund Source: InvestEd Scholarship Grants Fundraising Parent Club Other Purpose of Trip: (specific subject/unit/topic in course of study related to trip) Outcome of Trip: (specific goals and objectives to be achieved by this trip)	Substitutes \$			
Meals \$ Miscellaneous \$ Total \$ Cost per Student: \$ Budget Code: Budget Code: Signature of Accountable Administrator Signature of Accountable Administrator Signature of Accountable Administrator ASB Funded: Yes No ASB Student Signature/Approval (if applicable) Monetary Assistance for students and families in need: Describe how this is communicated, accessed, and fund Source: InvestEd Scholarship Grants Fundraising Parent Club Other Purpose of Trip: (specific subject/unit/topic in course of study related to trip) Outcome of Trip: (specific goals and objectives to be achieved by this trip)	Transportation \$			
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Total \$	Miscellaneous \$			
Cost per Student: \$	· —			
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ASB Funded: Yes No ASB Student Signature/Approval (if applicable)	Budget Code:	B	udget Code:	
Monetary Assistance for students and families in need: Describe how this is communicated, accessed, and fund Source: □InvestEd □Scholarship □Grants □Fundraising □Parent Club □OtherPurpose of Trip: (specific subject/unit/topic in course of study related to trip)Outcome of Trip: (specific goals and objectives to be achieved by this trip)	Signature of Accountable Ac	lministrator	Signature of Accountab	ole Administrator
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Purpose of Trip: (specific subject/unit/topic in course of study related to trip) Outcome of Trip: (specific goals and objectives to be achieved by this trip)	Monetary Assistance for stude	ents and families in need: De	escribe how this is com	municated, accessed, and funded
Purpose of Trip: (specific subject/unit/topic in course of study related to trip) Outcome of Trip: (specific goals and objectives to be achieved by this trip)	Source: □InvestEd □S	 cholarship □Grants □Fı		 lub □Other
Outcome of Trip: (specific goals and objectives to be achieved by this trip)				
	Purpose of Trip: (specific subje	ct/unit/topic in course of stu	idy related to trip)	
Preparation: (specific description of motivational activities preceding trip)	Outcome of Trip: (specific goal	s and objectives to be achiev	ved by this trip)	
	Preparation: (specific description	on of motivational activities	preceding trip)	
Nature of Activities: (specific description of educational experiences during trip)	Nature of Activities: (specific of	lessription of aducational av	porioneou during trip)	
reactive of Activities. (specific description of educational experiences during trip)		escription of educational exp	benefices dufflig (fip)	
Note: Prior to all field trips, student rosters must be submitted to the Attendance Office and parent permission slips must be on file.		udent rosters must be subm	itted to the Attendance	e Office and parent permission
Signature/Approval of Principal:Date:	Signature/Approval of Principa	ıl:		Date: