

LOS MOLINOS UNIFIED SCHOOL DISTRICT

REQUEST FOR FIELD TRIP

Date of Request: _____

Name of Field Trip: _____

Sponsored by (Club/Organization): _____

Date of Field Trip (Month/Day/Year): _____

Purpose of Trip (Educational*, Recreational, etc.): _____

*If educational attach list of standards and activities supported by the field trip.

How Financed: _____

Destination: _____

Means of Transportation ☐Bus ☐Car ☐Van ☐Other: _____Transportation Authorization: ☐Yes ☐No ☐N/AEstimated Departure Time: _____☐a.m. ☐p.m.Estimated Return Time: _____☐a.m. ☐p.m.

Estimated Number of Students Attending Field Trip: _____

Cafeteria Lunch Authorization ☐Yes ☐No ☐N/A

Name(s) of Chaperone(s): _____

Specific Itinerary: _____

PRINT NAME OF PERSON MAKING REQUEST_____
SIGNATURE OF PERSON MAKING REQUESTSite Administrator's Approval ☐Yes ☐No_____
SIGNATURE_____
DATESuperintendent's Approval ☐Yes ☐No_____
SIGNATURE_____
DATEBoard Approval (over 100 miles or overnight) ☐Yes ☐No_____
SIGNATURE_____
DATE