

# SAN PASQUAL VALLEY UNIFIED SCHOOL DISTRICT

## FIELD TRIP REQUEST

(Overnight and/or Out-of-State Field Trips must be approved by the Board)

|                        |              |                |
|------------------------|--------------|----------------|
| Teacher/Advisor/Coach: |              | Activity Name: |
| School:                |              | Location:      |
| #of Student            | Grade Class: | Depart Date:   |

|   |                   |   |                |             |
|---|-------------------|---|----------------|-------------|
| Registration/Entrance Cost              |                   |   |                |             |
| Hotel Cost (Room & Tax)                 | Nights:           | Rooms:<br>Male____<br>Female____<br>Adult (male)____<br>Adult (female)____<br>Total _____ | Parking:       | Total Cost: |
| Staff Meals(\$64/day)                   | Breakfast (\$16): | Lunch (\$18):   | Dinner (\$30): | Total Cost: |
| Student Meals (\$37/day)                | Breakfast (\$10)  | Lunch (\$12)  | Dinner (\$15)  | Total Cost: |
| Transportation:<br>Van \$.65 Bus \$6.50 |                   |   |                |             |
| Total:                                  |                   |   |                |             |

**ALL backup material must be provided.**

Source of Funding: \_\_\_\_\_

Will you use a District Bus or Van? Yes,\_\_\_ No\_\_\_

School Dude Request Date: \_\_\_\_\_ (provide a copy of transportation request)

Will you require a substitute: Yes, \_\_\_ No \_\_\_ (If yes, please follow up with District Clerk)

Student Permission Form: Yes, \_\_\_\_\_ No \_\_\_\_\_

Signature of Employee/Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

### APPROVAL

☐Approved ☐Disapproved

\_\_\_\_\_  
Principal/Supervisor Date

### DISTRICT OFFICE USE

☐Approved ☐Disapproved

\_\_\_\_\_  
Superintendent Date

\_\_\_\_\_  
Date Reviewed By Board