

**APPLICATION FOR
OFF CAMPUS ACTIVITY OF FIELD TRIP**

PP-SS-032
Rev. 04/12

Trip Type: Off Campus

Request must be submitted to the District Office preferably one semester in advance, but no later than (10) ten working days prior to trip.

Activity Date(s): _____ **School:** WMHS **Activity Description:** Extra-Curricular
Sun Pass Needed: Yes

Purpose: _____

Event Location: _____

Date & Time of Departure: _____ **Date & Time of Return:** _____

Beginning Time of Event: _____ **Ending Time of Event:** _____

Number of Students: _____ **Number of Buses Req.:** _____

Names of Chaperones: (Indicate SCSB Employees by checking the box. All other volunteers must have Paperwork completed & approved)

Name:	<input type="checkbox"/>	Name:	<input type="checkbox"/>	Name:	<input type="checkbox"/>
Name:	<input type="checkbox"/>	Name:	<input type="checkbox"/>	Name:	<input type="checkbox"/>
Name:	<input type="checkbox"/>	Name:	<input type="checkbox"/>	Name:	<input type="checkbox"/>

Source of Funding:	School Internal Account	Amount
	District Budget Account	Amount
	Other (Indicate) Source	Amount

Other Transportation Req.: _____ (Must call 793-5705 to schedule other vehicle)

Hotel Name (if applicable): _____ Phone: _____

I certify that all District and State requirements have been met and will be followed for this field trip and that all participants have been informed of their personal liability of supervision and transportation of students.

	Date	Approved
Supervising Faculty Member: _____		<input type="checkbox"/>
Principal/Designee: _____		<input type="checkbox"/>
Risk/Transportation Manager: _____		<input type="checkbox"/>
Director Elem./Secondary Ed: _____		<input type="checkbox"/>