APPLICATION FOR
OFF CAMPUS ACTIVITY OF FIELD TRIP

PP-SS-032
Rev. 04/12

Trip Type:

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:** **Activity Description:**

Sun Pass Needed: **Where to pick up at School:**

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 Required:**

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

Name: ☐	**Name:** ☐	**Name:** ☐	☐
Name: ☐	**Name:** ☐	**Name:** ☐	☐
Name: ☐	**Name:** ☐	**Name:** ☐	☐

Source of Funding:

School Internal Account	Amount
School Budget Account	Amount
Other (Indicate) Source	Amount

Other Transportation Required : **(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:		☐
Principal/Designee:		☐
Risk/Transportation Manager:		☐
Director Elementary/Secondary Ed:		☐

Equal Opportunity School District / Drug Free Workplace