

**Regional District #13
Field Trip Request Form**

Date(s) of trip: _____ Teacher: _____

Cell Phone Contact # for a Teacher on Trip: _____

Class/grade level/subject area: _____

Destination: _____

Departure time: _____ Return time: _____

Cost to students: _____ Number of chaperones: _____

Is funding available for students who cannot pay? What is the source?

Approximate number of students: _____

If entire grade level is not attending, amount of time students will miss from school: _____

Method of transportation/carrier: _____

Where staying? (overnight trips): _____

Is sufficient insurance provided?: _____

Explain the instructional objectives of the trip (use both sides of paper if necessary):

Description of activities (use both sides of paper if necessary, attach itinerary with day-by-day activities for overnight trips):

Teacher's Signature

Date

Principal's Signature

Date

Approved: ____ Yes ____ No

Superintendent's Signature

Date

Teacher Checklist: Regional District #13 Field Trips

Once a field trip has been approved, the following checklist must be filled out and returned to your building administrator:

Teacher Name(s): _____

Date of field trip: _____

_____ Field trip entered on school and district calendar (if entire grade)

_____ Transportation arranged and confirmed

_____ Substitute request form submitted to central office if any substitute coverage will be required for the trip (must be done within 3 days of trip approval)

_____ Purchase order submitted if applicable

_____ Permission slips distributed and collected

_____ Medical information on students reviewed with school nurse; provision made for administration of medications on trip

_____ Nurse or other first aid/medication trained individual to attend trip

_____ Cafeteria notified as to number of students who will be missing lunch