

Miller Creek School District | Field Trip Approval



Date of Request: _____ School: _____

Teacher: _____ Grade/Course: _____

Location: _____ Date of Trip: _____

Departure time: _____ Return time: _____ Number of Students Attending: _____

Adult Chaperones: _____ Teachers: _____ Means of Transportation: _____

Expenditures:

• Ticket/fee: \$__ per student = \$_____ • Substitute Teacher cost = \$ _____ • Transportation cost: \$ _____

* **Note:** If bus services will be used, a copy of the trip estimate must be attached to this approval request. The trip estimate is not an authorization for booking transportation. Reservations are not final until a purchase order is issued after approval.

Trip TOTAL: \$ _____ How will these fees be covered? _____

MCSD Budget Code:

My signature indicates that:

1. Voluntary Field Trip Permission forms will be completed for each participating student;
2. Regulations of School Sponsored Trips will be strictly followed;
3. Consideration for specialized equipment such as wheelchairs, ramps, or other specialized equipment to transport a student with a disability has been made;
4. A trip estimate request for bus transportation has been completed is attached to this approval requests;
4. A consultation with the school's nurse or health specialist to ensure preparedness for health conditions has taken place;
5. A description of the field trip objective and its connection to the content standards is attached to this approval request.
5. I've confirmed that the trip does not conflict with major religious holidays.

Teacher: _____ **Principal:** _____