



**WASHOE COUNTY SCHOOL DISTRICT
FIELD/ACTIVITY TRIP REQUEST FORM
THIS FORM MUST BE COMPLETED FOR ALL TRIPS**

Trip day(s) and Date(s) _____
 Include day(s) of the week and date(s). If an overnight trip, completion of Overnight Field/Activity Trip Supplemental Form (SA-F003) is required.

School _____	<u>TYPE OF TRANSPORTATION REQUESTED</u>
Group (Grade) _____	<input type="checkbox"/> School Bus
Destination(s) _____	<input type="checkbox"/> Charter Bus
_____	<input type="checkbox"/> Rental Van
Must include all planned destinations and stops	<input type="checkbox"/> Private Vehicles

ALL TRIPS MUST BE SCHEDULED BETWEEN
 9:30 a.m. – 1:30 p.m. OR AFTER 4:15 p.m.

SPECIAL INSTRUCTIONS FOR TRANSPORTATION
 DEPARTMENT _____

Depart (School) _____

Return (School) _____

Number of: _____
 Students _____

Requesting Person: _____
 Please Print

Teachers/Advisors _____

Consent Form on File Yes No

Other Adults _____

Principal/Department _____

Total # of Passengers _____

School/Department Responsible for Payment

ADVANCE NOTICE REQUIRED: THREE (3) WEEKS PRIOR FOR ONE-DAY TRIPS; SIX (6) WEEKS PRIOR FOR OVERNIGHT TRIPS

CHECKLIST

- Field Trip/Activity Request Form (SA-F002) with lesson plans submitted to and signed by principal
- Arrangements made with intended place of visitation
- Required number of chaperones
- Procedures specific to requesting special education funding completed
- If District transportation used, form submitted 3 weeks prior for one-day trip and 6 weeks for overnight trip
- Field and Activity Trip Permission/Release Form (SA-F005) completed and on file for each student
- If overnight trip, submitted to and approved by Senior Director, using the Overnight Field/Activity Trip Supplemental Form (SA-F003)

KITCHEN FIELD TRIP NOTIFICATION

Date you are submitting this (MUST BE AT LEAST THREE WEEKS BEFORE FIELD TRIP) _____

Date of Field Trip _____

Time Leaving School _____

Time Returning to School _____

Destination _____

Grade of students _____

Number of Students _____

Name of Team and teachers who are going _____

CLINIC FIELD TRIP NOTIFICATION

Date you are submitting this (MUST BE AT LEAST THREE WEEKS BEFORE FIELD TRIP) _____

Date of Field Trip _____

Time Leaving School _____

Time Returning to School _____

Destination _____

Will EMS be available and response time _____

Name of teacher(s) who are going _____

*** Please attach student list attending