

LAGUNA BEACH UNIFIED SCHOOL DISTRICT - APPLICATION FOR FIELD TRIP

Destination/Type of Trip _____ Date of Trip _____

Location/Address/City/State _____ **(out of state trips require Board approval)**

Time Leave School _____ Arrive Destination _____ Leave Destination _____ Return School _____

Destination Phone number _____ Supervising Staff Cell Number _____

Name of School _____ Grade Level _____ Employee Supervising Trip _____ Cert./Non-Cert.

Total Number of Adults _____ Total number of students _____

Names of all Adults Attending _____

Duration of Trip: Less than One Day _____ One Day _____ (Does not require Board approval)

Board Approval Required: Overnight _____ How Many Nights _____

Accommodations Information (if applicable) _____

Brief description of educational benefit to be derived from this activity. Please state specifically as an instructional objective.

FUNDS: Cost to student for trip: _____ **No student shall be prevented from making the field trip or excursion (due to insufficient funds (EC 35330)).**

Source of funds for trip (community, PTA, site budget, etc.): _____

TRANSPORTATION: Method of Transportation: School bus _____ Indicate number of buses required _____

Walking ___ Car ___ Plane ___ District Vans ___ Bus ___ Train ___ Other ___ **Have transportation forms been completed?**

MEDICAL: Have the locations of the nearest emergency facilities been obtained? _____

Have you notified the health clerk and arranged all medical supplies for students? _____

Have forms for parents or guardians permission been obtained? _____

If a hiking or camping activity: Has the area been checked for potential hazards? _____

Have rangers, sheriff, police or other emergency personnel been notified of intent to be in the area? _____

➤ **Required Approvals:**

Principal: _____ Date: _____

Asst. Superintendent, Instructional Services: _____ Date: _____

Superintendent of Schools: _____ Date: _____

Board Approval Required: Yes No Board of Education Action Date: _____ Approved: Yes No

Date copy returned to site: _____ Initials: _____

SCHOOL USE ONLY: Event on Calendar Attendance Office Copy Health Clerk Notified
 Transportation Arranged & Proper Forms Submitted Funds Processed/Collected

To be completed by District