



Los Alamos Public Schools

**REQUEST FOR ACTIVITY
OR FIELD TRIP FORM**

*In District: Three weeks notice in advance

*In-State: One month notice in advance

School: _____ Date(s) of trip: _____ Departure time: _____ Return time: _____

Will students return after school hours: No Yes If yes, how will students get home after school? _____

Trip destination: _____ Trip address: _____ Phone #: _____

Educational objectives for trip/Trip Overview: _____

Trip Sponsor: _____ Cell Phone: _____ Grade: _____

Number of Students Attending: _____ Classes Participating (list teachers): _____

Number of Chaperones Attending: _____
Minimum Requirements: One chaperone for every 15 students

Grades 7 – 12 Chaperones must be 21 years of age
Pre-school – 6 Chaperones must be 18 years of age
Overnight Trips: One chaperone for every 10 students
All overnight chaperones must have completed back ground checks

Mode of Transportation: Walking Bus Suburban Number of School Vehicles _____ Other: _____

Schools are responsible for making all transportation arrangements.

Transportation paid by: _____

Fee/entry cost for Trip: No Yes If yes, how will it be paid? _____

Complete the portion above and return to school administration for initial approval. Proceed with bottom portion after initial approval. I certify that this trip is not promoted by a commercial interest for profit and that no trip sponsor or chaperone is receiving any form of compensation from any outside interest, firm or organization.

Submitted by: _____ Date: _____

Administrator signature: _____ Approved or Denied Date: _____

Parent Permission – Student Trip Parent/Guardian Permission Forms Yes No

Transportation Request submitted to Transportation: Yes No

List of chaperones with contact information, attached: Yes No

Trip Finances:

District Funds School Budget/Activity Funds Other _____

Amount: _____ Requisition #: _____ Funding Source Account: _____

Please notify the following staff members a minimum of 1 week before the scheduled trip and get initials:

Cafeteria _____ Sack lunches needed? _____ (two weeks advance notice required)
Nurse _____ Special medical needs addressed/First aid kit (two weeks advance notice required)
Secretary _____ Fees Collected Yes or No
Attendance clerk _____ List of students attending trip Yes or No

Additional Staff:

Art teacher _____ Librarian _____ Music Teacher _____ P.E. teacher _____

GATE _____ Resource _____ ELL _____ Counselor _____ OT, PT, SLP, Psychologist _____

Final Approval

Administrator signature: _____ Approved or Denied Date: _____

Superintendent/
Designee signature: _____ Approved or Denied Date: _____