Los Alamos Public Schools

REQUEST FOR ACTIVITY OR FIELD TRIP FORM

School: [ ] Date(s) of trip: [ ] Departure time: [ ] Return time:

Will students return after school hours: [ ] Yes [ ] No

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 background checks

Mode of Transportation: [ ] Walking [ ] Bus [ ] Suburban [ ]

Schools are responsible for making all transportation arrangements.

Number of School Vehicles: [ ] Other:

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: ____________

5139R/6152R Student Travel: Activity and Field Trip Addendum 2 In State Request Trip Form 01-2017