

# LAGUNA BEACH UNIFIED SCHOOL DISTRICT - APPLICATION FOR FIELD TRIP

**Destination/Type of Trip** \_\_\_\_\_

Location/Address/City/State \_\_\_\_\_ Date of Trip \_\_\_\_\_

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 \_\_\_\_\_ 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: \_\_\_\_\_ Are scholarship funds available to students: Yes/No Source: \_\_\_\_\_

Source of funds for trip (community, program for gifted/talented, regular program): \_\_\_\_\_

**TRANSPORTATION:** Method of Transportation: School bus \_\_\_\_\_ Indicate number of buses required \_\_\_\_\_

Walking \_\_\_\_\_ Automobile \_\_\_\_\_ Airplane \_\_\_\_\_ Boat \_\_\_\_\_ Bus \_\_\_\_\_ Train \_\_\_\_\_ Other \_\_\_\_\_

**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? \_\_\_\_\_

➤ **Approvals:**

Principal: \_\_\_\_\_

Date: \_\_\_\_\_

Asst. Superintendent, Instructional Services: \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent of Schools: \_\_\_\_\_

Date: \_\_\_\_\_

Board of Education Action Date: \_\_\_\_\_ Approved ☐ or Not Approved ☐

Not required for Board Approval: \_\_\_\_\_ Date copy returned to site: \_\_\_\_\_ Initials: \_\_\_\_\_

**SCHOOL USE ONLY:** Event on Calendar ☐ Attendance Office Copy ☐ Health Clerk Notified ☐

Transportation Arranged ☐ Funds Processed/Collected ☐