

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT
FIELD TRIP REQUEST FORM

3541.1 / AR-1 Attachment
6153.1 / AR-1 Attachment

Note: All fields must be completed or indicated if not applicable.

TODAY'S DATE: _____

ACTIVITY DATE(S) _____

SCHOOL _____

ACTIVITY _____

COST _____

FUNDING SOURCE _____

PURPOSE OF FIELD TRIP / EDUCATIONAL OBJECTIVES _____

TEACHER/COACH (Full name) _____
Phone # (____) _____
E-mail _____

of Students _____ # of Chaperones _____ In-County CA, Out of County Out of State Overnight

LOCATION OF ACTIVITY _____ City _____ State _____

If Overnight, Hotel Name and Location _____

GRADE LEVEL(s) _____ CLASS / SUBJECT _____

of SCHOOL DAYS MISSED _____ PERIOD(s) MISSED _____

SUBSTITUTE REQUIRED YES NO

TRANSPORTATION School Bus/Van Charter Service Private Car Walk

DRIVER District Employee Charter Employee Parent Student

TIME OF DEPARTURE _____ AM PM **TIME OF RETURN** _____ AM PM

Equal access or an equivalent educational experience must be available to all students participating in the trip, regardless of disability.

WILL ANY STUDENTS WITH DISABILITIES BE PARTICIPATING? YES NO

If YES, what accommodations will be made to provide equal access or equivalent educational experience?

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No student shall be prevented from making a trip because of a lack of sufficient funds.

PRINCIPAL APPROVAL – Required for all field trips and off-campus activities.

- Approved
- Not Approved

Signature Date

SUPERINTENDENT (OR DESIGNEE) APPROVAL – Required for all out-of-county field trips.

- Approved
- Not Approved

Signature Date

BOARD APPROVAL – Required for all out-of-state and/or overnight field trips.

- Approved
- Not Approved

Signature Date