

## Shoreline Public Schools EXTENDED FIELD TRIP REQUEST AND PROPOSAL

To be submitted 10 days prior to the next School Board Meeting and prior to any fundraising. Extended Field Trips are any that travel beyond the range of Bellingham to the north, Olympia to the south, the Cascade's summit to the east, or locations beyond Puget Sound to the west, and/or trips on Saturday, Sunday, non-school days or overnight. One day Saturday, Sunday or non-school day trips within the above geographical area do not require Board approval, unless they involve fundraising. (Shoreline School District Board Policy #2320 & 2320P)

School/Group _____	Destination _____
Applicant _____	Address _____
Date of Application _____	Date/Dates of Trip _____

Curricular purpose of trip: \_\_\_\_\_

Itinerary: (please attach supporting documents) \_\_\_\_\_

# of Students participating \_\_\_\_\_ Grade level(s) \_\_\_\_\_ # of school days affected: \_\_\_\_\_

Plans for homework makeup: \_\_\_\_\_

Names of certificated staff supervising trip:  
(must include cell phone for AT LEAST ONE staff)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date by when parents/chaperones will be briefed: \_\_\_\_\_

Meal arrangements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of additional parent/staff chaperones:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Housing arrangements: **Hotel Name/Address/Phone**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has Travel/Accident Insurance Been Provided? Y \_\_\_ N \_\_\_

Estimated costs: to individual student \_\_\_\_\_

x # of students        \$ \_\_\_\_\_

to ASB:                    \$ \_\_\_\_\_

to Building Fund:        \$ \_\_\_\_\_

**Trip Total                \$ \_\_\_\_\_**

Account # \_\_\_\_\_

Sources of revenue \_\_\_\_\_

\_\_\_\_\_

Plans for students w/out funds: \_\_\_\_\_

\_\_\_\_\_

Transportation Type: \_\_\_\_\_  
(school bus, private car, ferry, etc.)

Additional needs:(wheelchair? storage?) \_\_\_\_\_

If using private transportation:  
A list of parents/chaperones who are driving must be on file in the school office along with appropriate insurance verification forms before the field trip

To be filled out by Transportation Dept. if buses are used

Estimated cost: \_\_\_\_\_

Recorded by: \_\_\_\_\_

Number of buses needed: \_\_\_\_\_

Teacher or Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

SLC \_\_\_\_\_ Date \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Designee \_\_\_\_\_ Date \_\_\_\_\_

Approval to proceed granted: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)