

# Creekside Charter Management

## Field Trip Request Form

Please attach copy of field trip itinerary (including times and activities) and complete ALL sections of this form before submitting to the Director for approval. Field Trip Request Forms should be submitted at least two weeks in advance of requested field trip date.

Teacher Name \_\_\_\_\_ Date(s) of trip: \_\_\_\_\_

Date/Time leaving school: \_\_\_\_\_ Date/Time returning to school: \_\_\_\_\_  
 Grade/Course attending: \_\_\_\_\_ Transportation: \_\_\_\_\_

Destination (include name, address and telephone number):  
 \_\_\_\_\_  
 \_\_\_\_\_

Total cost of trip/activity: \$ \_\_\_\_\_

Donation amount requested from family per student: \$ \_\_\_\_\_

Alternate proposed funding source to finance balance of trip and ensure all children are included (i.e. fundraiser, parent donation, PTO):  
 \_\_\_\_\_

Student activities/purpose of trip:  
 \_\_\_\_\_

Curriculum Standards Addressed:  
 \_\_\_\_\_  
 \_\_\_\_\_

What instruction will take place prior to the trip to compliment the trip?  
 \_\_\_\_\_  
 \_\_\_\_\_

Driver/Chaperone Name	Fingerprinted	Copy of Driver's License on file	Copy of Auto Insurance Policy
1	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
2	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
3	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
4	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
5	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
6	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

I verify that signed permission slips will be obtained, and copies submitted to the school office, for each student participating in the trip one week prior to departure, and that all Driver/Chaperones are fingerprinted with a copy of their drivers license and auto insurance verification on file. The permission slips will contain a signed, witnessed consent executed by the parent, or legal guardian, of each minor participating in the field trip or excursion, per Civil Code 25.8, authorizing adviser in charge to consent to medical/dental examination, diagnosis, and treatment of the minor during the activity by a physician, dentist, or surgeon, at the parent's or legal guardian's expense when in the opinion of the adviser such is advisable in the best interest of the child. (AR6153)

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_