



# BARSTOW UNIFIED SCHOOL DISTRICT

## APPLICATION FOR EDUCATIONAL FIELD TRIP

In accordance with Board Policy 3451 and Administrative Regulation 6153, educational field trips must be approved by the Site Principal and District Administrator, prior to the trip being taken. All trips involving out-of-state or overnight travel shall require the prior approval of the Governing Board. The following application must be filled out, approved, and a copy filed with the site principal, as early as possible before the planned trip. Field trip requests are to be submitted to the Educational Services Department for processing a minimum of four weeks prior to the planned trip (six weeks for overnight or out-of-state).

School Name: _____		Organization/Club/Class: _____	
Faculty Sponsor(s): _____ _____		Destination: _____ City/State: _____	
Date(s) of Trip: _____ _____	Departure Time: _____ Return Time: _____	Estimated # of Students Participating: _____	# of Adult Chaperones: (Refer to BP & AR 6153 for required ratio.) _____
<b>All Adult Chaperones must be cleared through the Volunteer Program, BP/AR 1240. Contact Personnel Svcs, for more information.</b>			
Purpose of Trip: <input type="checkbox"/> Extra-Curricular <input type="checkbox"/> Curricular    Objectives of field trip: (Must attach lesson plan or indicate standards being met) Please attach any documents, pamphlets describing field trip, Itinerary, Letters of Funding/Grant/Donations, etc., that will support this field trip request. _____ _____ _____			
Other Stops Planned/Scheduled Food Stop: <input type="checkbox"/> No <input type="checkbox"/> Yes - Locations _____			
BUDGET/EXPENSES: (Provide Estimated Amounts)		Student Cost	Chaperone Cost
1. Expense for Event/Activity (Park Entrance Fees/Participation Fees, etc.)		\$ _____	\$ _____
2. Transportation-School Bus (Call First Student Bus to check on availability & reserve - 760-256-1449)			\$ _____
3. Transportation-Other (Charter Bus/Rental Vehicle/Private Vehicle: Must meet insurance coverage requirements in AR 3541 and submit completed Exhibit A 3541.1 to Ed Svcs & Business Svcs.) (District Van-Call MOTS for availability - 760-252-5065)			\$ _____
4. Other Costs Involved: (lodging, meals, parking, etc.)			\$ _____
FUNDING SOURCE (List, if multiple funding sources, LCAP, Lottery, PTA/PTO, Donation, Grant, etc.) and ACCOUNT CODE:			
1.			\$ _____
2.			\$ _____
For School Office: Requisition(s) #s	Vendor Req #	Transportation Req #	
FOR HEALTH SERVICES ONLY: Health Clerk must sign, acknowledging receipt of a copy of this field trip request.		➔	Signature and Date:
APPROVAL AND REQUIRED SIGNATURES			DATE
Site Principal or Designee		➔	
Assistant Superintendent, Educational Services		➔	
FOR OVERNIGHT OR OUT-OF-STATE TRAVEL (REQUIRES PRIOR APPROVAL OF GOVERNING BOARD)			
Superintendent's Signature and Date		➔	
Date of Governing Board Approval: _____			