

Please complete this form for All ASB field trips, camps, & conferences whether or not there are any expenses incurred. Please complete fill-in form on your personal computer before printing and submit to Lance Brogden or Pam Jackson.

CHICO UNIFIED SCHOOL DISTRICT

1163 East Seventh Street
 Chico, CA 95928-5999
 (530) 891-3000

FIELD TRIP REQUEST

TO: CUSD Board of Education

Date: _____

FROM: _____

School/Dept.: _____

SUBJECT: Field Trip Request

Request is for _____
 (grade/class/group)

Destination: _____ Activity: _____

from _____ / _____ to _____ / _____
 (dates) / (times) (dates) / (times)

Rationale for Trip: _____

Number of Students Attending: _____ Teachers Attending: _____ Parents Attending: _____

Student/Adult Ratio: _____

Transportation: Private Cars _____ CUSD Bus _____ Charter Bus Name _____
 Other: _____

All requests for bus or charter transportation must go through the transportation department - NO EXCEPTIONS.

ESTIMATED EXPENSES:

Fees \$ _____ Substitute Costs \$ _____ Meals \$ _____

Lodging \$ _____ Transportation \$ _____ Other Costs \$ _____

ACCOUNT NAME(S), NUMBER(S) and AMOUNT(S):

Name _____ Acct. #: _____ \$ _____

Name _____ Acct. #: _____ \$ _____

 Requesting Party _____ Date _____

 Site Principal _____ Date _____

 Director of Transportation _____ Date _____

Approve/Minor Do not Approve/Minor
 or or
 Recommend/Major Not Recommended/Major
 (If transporting by bus or Charter)

IF MAJOR FIELD TRIP

 Director of Educational Services _____ Date _____

 Board Action _____ Date _____

Recommend Not Recommended
 Approved Not Approved