

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

Approve/Minor
or
Recommend/Major

Do not Approve/Minor
or
Not Recommended/Major

(If transporting by bus or Charter)

Director of Transportation

Date

IF MAJOR FIELD TRIP

Director of Educational Services

Date

Recommend

Not Recommended

Board Action

Date

Approved

Not Approved