REMEMBER: You must submit your Field Trip request form AND attached Itinerary <u>AT LEAST THREE (3) weeks</u> prior to the event! In order to ensure time for Board approval, <u>Out of State trips</u> should be submitted <u>THIRTY (30) days</u> prior to the scheduled event.

## **NEVADA JOINT UNION HIGH SCHOOL DISTRICT**

## REQUEST FOR FIELD TRIP

Class/Organization/Activity Involved:				
Date of Trip: From	i	to		
Periods to be Missed:				
Destination:				
Purpose of Trip:				
Transportation Method: School Bus School Vehicle(s	s) Re	entals	_Private Cars	_
Number of Students Involved:	Nu	mber of Adults	S:	_
Parent Permission/Treatment Forms	completed a	and copy turne	ed in:	
Signature of Field Trip Supervisor:			_Date:	-
CPR/1 <sup>st</sup> Aid Certification Date:		(This is	mandatory for trip	supervisor)
*Approved: Not	Approved:			
*Pending completion of all required	l paperwor	k <mark>(Must be sub</mark>	mitted 5 days before th	n <mark>e trip)</mark> .
Signature of Principal/Designee	-			
Budget to be Charged:				
FIELD TRIPS OVER 150 MILES (ON	E WAY) or (	OVERNIGHT A	RE TO BE APPROVE	ED BY THE DISTRICT
	FOR DIST	TRICT USE O	NLY	
Field Trips over 150 miles (one way) <u>or</u> overnight				
□ Approved	□ N	lot Approved		
Signature of Superintendent/Designe		ate		
Revised 4/20/12	For Office u	se only	Date Received:	

Copy to Nurse's Office :\_\_\_\_\_