| | TEACHER IN CHARGE: | | HONE: | _EMAIL: |
|---|--------------------|---|-----------------------|---------|
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| TRIP DESTINATION | | | | |
| DESTINATION ADDRESS: | STREET | CITY | ZIP | |
| DATE AND TIME OF DEPA | RTURE | DATE AND TIME OF RETURN | NUMBER OF STUDENTS AT | TENDING |
| GRADE(S) OF CLASS OR GROUP ATTENDING | | SPECIFY # OF STUDENTS PER GRADE LEVEL (ELEN | MENTARY SCHOOLS ONLY) | |
| DESTINATION ADDRESS: DATE AND TIME OF DEPA | RTURE | DATE AND TIME OF RETURN | NUMBER OF STUDENTS AT | TENDING |

EDUCATIONAL VALUE - (ATTACH

DAY STUDY TRIP REQUEST CHECKLIST

*ANY TRIPS FOR ACADEMIES MUST BE SENT DIRECTLY TO DELMY CORNEJO'S OFFICE AT PUPIL SERVICES

| | SCHOOL: | | |
|-----------------------------|--|--|--|
| TRANSPORTATION ARRANGEMENTS | | | |
| | Contact district approved bus companies directly to secure a bus. If you have students requiring a wheelchair bus, you must notify Special Ed immediately. (Wheelchair buses may cost more and may be harder to obtain so additional time and funds will be necessary to make available) | | |
| | Copy of confirmation from Chartered Transportation Company, if site, PTA, etc. | | |
| | Automobile Transportation request form with all required information (Driver's license & insurance policy per driver) | | |
| STU | DY TRIP DETAILS | | |

Dates & Times of Trip:

Times of trips are the times of departing and the time you are expected to be back at school site

é Please remember that if there are any emergencies during a study trip, the ED's office <u>must</u> be notified immediately.

OVERNIGHT STUDY TRIP REQUEST CHECKLIST

*ANY TRIPS FOR ACADEMIES MUST BE SENT DIRECTLY TO DELMY CORNEJO'S OFFICE AT PUPIL SERVICES

SCHOOL:

TRANSPORTATION ARRANGEMENTS

Contact district approved bus companies directly to secure a bus. If you have students requiring a wheelchair bus, you must notify Special Ed immediately. (Wheelchair buses may cost more and may be harder to obtain so additional time and funds will be necessary to make available)