

FIELD TRIP CHECK-OFF SHEET

Teachers fill out the Field Trip Request form:

- Fill out the Field Trip Request form and attach a list of staff and students attending.
- Get the Building Principal and School Nurse's signature on the form before sending it to the Central Office.
- Send the field trip request form along with the list to Yessica Ramirez at the Central Office.
- Once the parent has signed the permission slip, file it in the student records.
- Email the school lunch form to the Food Service Director, Michelle Oswald.

Transportation request:

- Fill out a transportation request form.
- Send a copy of the form to the Transportation Director, Steve Delarosa.
- Please note that one request form is required per bus.

Teachers fill out the Revolving Fund Check Request form:

- This form is for student meals.
- The completed form must be turned in to Business Director Amy Coats.

Field Trip Authorization Request

Request submitted by: _____ Teacher: _____

Name of field trip: _____ Date of Trip: _____

Location name & address: _____

Type of transportation: Bus(es) _____ District Vehicle(s) _____ Private Vehicle(s) _____

Name of the driver(s): _____

Driving requirements on file - (verify with HR that driving requirements are in order if taking district or private vehicle)

Field trip correlates with what unit or subject? _____

Reason(s) for requesting the trip: _____

List the specific objectives desired to be gained for students from this trip:

Principal's Signature

Nurse Signature

Superintendent Signature

_____ # of students attending (attach list)

_____ # of staff attending (attach list)

_____ Departure time

_____ Return time

_____ Verified transportation is available

_____ Food Service informed

Superintendent: _____ Grants Trip Authorization

_____ Denies Trip Authorization

Reminder: Volunteers need to fill out paperwork at least 2 weeks prior to the trip. *Application found on GSD website*

NOTE: The above form should be completed and returned for approval from the principal and superintendent. The request must be received 2 weeks before the field trip. Out-of-state trips need to be Board-approved the month before the field trip.

**GRANGER SCHOOL DISTRICT NO. 204
FIELD TRIP PERMISSION SLIP**

STUDENT NAME: _____

- ROOSEVELT ELEMENTARY**
- GRANGER MIDDLE SCHOOL**
- GRANGER HIGH SCHOOL**
- EARLY CHILDHOOD CENTER**

Field trips are planned as part of the regular work in the classroom. Students are informed about the trip's purpose, safety rules, and conduct before they go. They are encouraged to bring valuable ideas from the experience back to the classroom. Please sign below to grant permission for your child's participation in the field trip:

DESTINATION: _____ **DATE of TRIP:** _____ **DEPARTURE TIME:** _____
ADDRESS: _____ **RETURN TIME:** _____

Method of travel: School Car _____ School Van _____ Bus _____

Child's medical info: Please note the following health issues and take necessary precautions (e.g., severe bee sting reaction, allergies, hemophilia, diabetes, heart disease, etc.):

My child has medication, prescriptions, or special diet: YES NO (if yes, list below)

Medication Name: _____ Dosage: _____ Special Diet: _____

In case of an emergency or accident, the school can take my child to the nearest hospital: YES _____ NO _____

Parent/Guardian Signature: _____

Viajes escolares son parte de trabajo regular de clases. Los estudiantes son informados sobre el propósito del viaje, las reglas de seguridad y el comportamiento antes que participen. Se les anima a compartir ideas valiosas de la experiencia en la clase. Por favor, firme para otorgar permiso para la participación de su hijo/a en el siguiente paseo:

DESTINO: _____ **FECHA de VIAJE:** _____ **HORA DE SALIDA:** _____

DIRECCION: _____ **HORA DE LLEGADA:** _____

Modo de Transporte: Carro Escolar _____ Autobús _____ Camioneta Escolar (VAN) _____

Información médica de mi hijo/a: La siguiente información de salud debe ser anotada y tomar precauciones adecuadas en emergencia (p. ej., reacción severa a picadura abeja, alergias, diabetes, enfermedades crónicas), etc...

Mi hijo/a necesita medicamentos, recetas o dietas especiales: SI NO (si marcó sí, complete la siguiente sección)

Medicina _____ Dosis _____ Dieta especial _____

En caso de emergencia usted da autorización a la escuela que lleve a su hijo/a al hospital más cercano: SI _____ NO _____

Firma de Padre/Guardian: _____

NOTE: A list of all students attending the field trip must be provided to the school nurse **TWO** week before the field trip.

SCHOOL LUNCH MENU FOR FIELD TRIPS & SACK LUNCHES
Granger School District

Teacher _____ Class _____ Date of field trip _____

NO LUNCHES NEEDED (notify kitchen that students will be out of district)

of students: _____

Otherwise

Please list all teachers going. Equipment is everyone's responsibility.

Teacher Name (please print) _____ Teacher Name (please print) _____

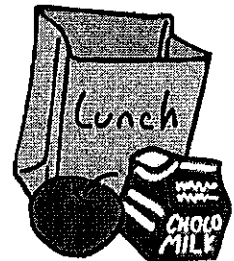
Teacher Name (please print) _____ Teacher Name (please print) _____

Of student lunches _____ Time needed _____

All field trip meals need to be picked up at the high school kitchen. Have a complete roster by the time the food is picked up. To help with outing planning, please consider having all your students take a sack lunch. The food service department will provide milk coolers, which must be returned, or you will be charged for them.

Food service must have your request at least 2 weeks before your field trip.

Please list any students with allergies so food accommodations can be made: _____



**GRANGER SCHOOL DISTRICT #204
Request Check To Be Issued From
Granger Revolving Fund**

Date _____

Request for a check payable to: _____

in the amount of: \$ _____

For (explain fully): _____

Requester's Signature

Budget Administrator's Signature

Charge to Account(s): _____

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

Approved: _____
Custodian's Signature

Date _____

Title

Check # _____

Received By/Sent to: _____

Address

NOTE: This request is valid for requests for emergency needs or when a purchase order is unacceptable. Documentation such as original receipts, dated and itemized invoices, etc. must be attached to this form.