

PERRIS UNION HIGH SCHOOL DISTRICT

FIELD TRIP/OFF-CAMPUS ACTIVITY REQUEST

District-Sponsored Event - Attendance Voluntary



Please allow eight (8) weeks for processing

Please complete all areas in this form

Confirmed approval is needed to partake in field trip

OVERNIGHT/OUT-OF-STATE FIELD TRIPS, PLEASE ALLOW TWELVE (12) WEEKS FOR PROCESSING

DATE(S) OF TRIP	INSTRUCTIONAL PURPOSE OF TRIP
Justify trip in relationship to course of study: <input type="checkbox"/> SPSA Goal <input type="checkbox"/> LCAP Goal	

Site Requesting Trip:	Department:
<input type="checkbox"/> During Instructional Time <input type="checkbox"/> After School <input type="checkbox"/> Saturday/Sunday/Holiday <input type="checkbox"/> Extended Day	
The following Trips require Board approval - allow twelve (12) weeks for approval and attach trip itinerary	
<input type="checkbox"/> Overnight Trip of ____ Night(s) <input type="checkbox"/> Out-of-State Trip <input type="checkbox"/> Foreign Country Trip	

DEPART TIME	PICK UP LOCATION/ADDRESS	DESTINATION NAME/ADDRESS	RETURN TIME

TRANSPORTATION INFO						
<input type="checkbox"/>	Bus	<input type="checkbox"/>	District Vehicle	<input type="checkbox"/>	Site Vehicle	<input type="checkbox"/> Other: _____
<input type="checkbox"/>	Walking	<input type="checkbox"/>	Rental Vehicle	<input type="checkbox"/>	Charter Carrier	<input type="checkbox"/> Private Vehicle
Attach proper Transportation form(s) and related documentation for any trips requiring student transport						

FUNDING LINE(S) TO BE CHARGED						
Cost Per Person						
Number of Students						
Number of Adults						
Total Cost						

REQUESTED BY	
Person In charge of trip	
Signature	
Date	

APPROVALS	
_____ Principal/Designee	_____ Date
_____ Educational Services	_____ Date
_____ Business Services	_____ Date

Board Approval	
Date	
Initials	