

# SCHOOL BUS FIELD TRIP AUTHORIZATION FORM

RSD Form 2320 F3A

## All Fields Required to Process

This Form Must Be Submitted **30 Days Prior To the Trip**

Return completed form to school secretary assigned to process field trip requests

Trip#
Bus _____ of _____

School \_\_\_\_\_ Group \_\_\_\_\_ Date of Request \_\_\_\_\_

Teacher Requesting Trip \_\_\_\_\_ e-mail \_\_\_\_\_@rsd.edu Date of Trip \_\_\_\_\_

Pick up Location \_\_\_\_\_ Bus Leave Time \_\_\_\_\_ Return to School Time \* \_\_\_\_\_

**\*Return to School time is when the bus pulls into school parking lot to unload**

Allow 15 minutes prior to departure time to load and board the bus

Trips within 75 miles Plan Return to School Time No Later than 2:00

Destination \_\_\_\_\_

#Students \_\_\_\_\_ # Chaperones \_\_\_\_\_ Total # Passengers \_\_\_\_\_

Special Instructions (# of wheel chairs, # of harnesses, equipment or instrument storage needs)

**Itinerary Must Be Attached For Request To Be Processed.**

Student Services Stamp

## ADMINISTRATION USE ONLY

Department Chairperson's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes, Request is Approved  No, Request is NOT Approved

## TRANSPORTATION USE ONLY

Trip \_\_\_\_\_ Drop & Return \_\_\_\_\_ One Way \_\_\_\_\_ Overnight \_\_\_\_\_ Return Date \_\_\_\_\_

Pre-Trip \_\_\_\_\_ Leave Lot \_\_\_\_\_ Load Time \_\_\_\_\_ Leave Time \_\_\_\_\_ RTS/BTL Time \_\_\_\_\_

Pre-Trip \_\_\_\_\_ Leave Lot \_\_\_\_\_ Load Time \_\_\_\_\_ Leave Time \_\_\_\_\_ RTS/BTL Time \_\_\_\_\_

**RETURN TRIP / OVERNIGHT RETURN DATE** \_\_\_\_\_

Pre-Trip \_\_\_\_\_ Leave Lot \_\_\_\_\_ Load Time \_\_\_\_\_ Leave Time \_\_\_\_\_ RTS/BTL Time \_\_\_\_\_

DRIVER \_\_\_\_\_ BUS # \_\_\_\_\_ TRIP # \_\_\_\_\_

Total Trip Miles \_\_\_\_\_ Meal(s) \$ \_\_\_\_\_ Regular Hours \_\_\_\_\_ OT Hours \_\_\_\_\_

Transportation Stamp

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## FIELD TRIP CHECK LIST

**CURRICULUM INSTRUCTION:** To indicate "YES" response, place a check mark in box

- This trip is aligned to current standards (CCSS) and provides a developmentally appropriate opportunity to extend learning outside the classroom. (Appropriate CCSS are attached for grades K-5).
- Students are prepared for this trip as well as for any follow-up activities that are planned.

**RISK MANAGEMENT:** To indicate "YES" response, place a check mark in box

The student/teacher ratio is as follows: \_\_\_\_\_ : \_\_\_\_\_

- The supervision is adequate considering the planned activity and surroundings.
- The itinerary for the trip is attached. **Required for ALL Field Trips.**
- For overnight lodging, all pertinent information is attached.
- The school nurse/health aide has been notified and provided with the date of trip, name of group, and destination.
- Parent permission slips will be completed and remain on file at school.  
WA STATE Retention Guidelines require permission forms to remain on file for six years.

**OTHER:** To indicate "YES" response, place a check mark in the box

- Provision has been made for students unable to afford the cost of this trip.
- If fund raising will be/has been done, it will be/has been done in accordance with ASB & RSD rules and regulations.

## BUDGET CODE INFORMATION

_____	_____	_____	_____
BUDGET CODE	% or \$	BUDGET CODE	% or \$
_____	_____	_____	_____
BUDGET CODE	% or \$	BUDGET CODE	% or \$
_____	_____	_____	_____
BUDGET CODE	% or \$	BUDGET CODE	% or \$

**Budget Code(s) Must Be Included For Request To Be Processed.**

Bookkeeper / Secretary Approval: \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date: \_\_\_\_\_