

Field Trip Request
(Overnight and/or Out-of-State/Foreign Field Trips must be approved by the Board)

Instructor/Advisor/Coach:				# of Students:		
School:			Grade/Class:			
Dest	ination:		Depart Date:	Ret	urn Date:	
Desc	cribe the objective	es of the proposed	Depart Time: activity and how they			
Trai	nsportation: □P	rivate Vehicle(s)	□Rental Vehicle(s)	□Bus(es)	□Walking	□Flight
			ers please use AESC Funding So 			
	PUSD Field Trip: l PUSD Field Trip: l PUSD Field Trip: l PUSD Field Trip: S PUSD Field Trip: l	Itinerary Form Personal Vehicle U Staff Notification a Out-of-state/Forei Medical Informatio	Approved: r/Accident Form (for se Form (if using prive nd Student Roster For gn Travel Agreement on Form (for each stud r each adult volunteer	ate vehicle(s) m (only if travel lent needing	– for each dr ling out-of-sta	·
Principal			Govern	ning Board (Overnight/Out-of State only)		
Date			Date			