

SEBASTOPOL UNION SCHOOL DISTRICT  
School Field Trip Approval Request

(Trips requiring Board approval need to be submitted 45 days prior to the departure date.)

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Trip Coordinator\* (If more than one teacher involved): \_\_\_\_\_

Field Trip To: \_\_\_\_\_ Grade: \_\_\_\_\_ Number of Students: \_\_\_\_\_

Date/Time Leaving: \_\_\_\_\_ Date/Time Returning: \_\_\_\_\_

Mode of Transportation:  Walking  Bus  Private Car  Other: \_\_\_\_\_

Is this an Overnight Trip: \_\_\_\_\_ Lodging: \_\_\_\_\_

Travel Distance @ Way: \_\_\_\_\_ Out of State or Country: \_\_\_\_\_ Number of Chaperones: \_\_\_\_\_

Names of Chaperones: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of the trip and its relation to the course of study: \_\_\_\_\_  
\_\_\_\_\_

Check any of the following if involved in this trip (require Board approval):

Swimming or wading

Horseback riding

Passage on boats

Hiking

Biking

Amusement rides

Rock Climbing or Repelling

Skiing or Snowboarding

Describe any other high risk activity included in this trip: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*FOR TRIPS THAT INCLUDE HIGH RISK ACTIVITIES, THE TRIP COORDINATOR MUST ATTEND THE BOARD MEETING TO PRESENT THE APPROVAL REQUEST.**

**ACTIONS:**

School Site:  Approved  Denied/Reason: \_\_\_\_\_

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

Board (if required):  Approved  Denied/Reason: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_