



# YC FIELD TRIP REQUEST FORM

TEACHER(S): \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

GRADE(S): \_\_\_\_\_ DATE OF TRIP: \_\_\_\_\_

# OF STUDENTS ATTENDING: \_\_\_\_\_ # OF ADULTS ATTENDING: \_\_\_\_\_ **TOTAL NUMBER ATTENDING:** \_\_\_\_\_

DO YOU REQUIRE STUDENT LUNCHES (circle one): YES / NO (If yes, Email [saporitog@ycschools.org](mailto:saporitog@ycschools.org) with list of students names)

DESTINATION AND ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE EDUCATIONAL VALUE OF FIELD TRIP:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This form must be submitted to the district office at least TWO WEEKS prior to date of trip. If you are submitting a last minute request, please explain why below:**

\_\_\_\_\_  
\_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_ AM/PM PICKUP TIME: \_\_\_\_\_ AM/PM RETURN TO SCHOOL BY: \_\_\_\_\_ AM/PM

FIELD TRIP PAID FOR BY:

- SCHOOL FUNDS (account to be charged: \_\_\_\_\_)
- PTO/ASB
- OTHER RESOURCE: Please provide billing information: \_\_\_\_\_

TEACHER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MID COLUMBIA APPROVAL SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINCIPAL'S APPROVAL SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERINTENDENT APPROVAL SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

\* Teachers are responsible for scheduling chaperones and making sure medical requirements are met for special needs students. Email this form to [kaufmanns@ycschools.org](mailto:kaufmanns@ycschools.org) or turn it into the district office.

**SMALL SCHOOLS - BIG ACHIEVEMENTS!**