



YC Field Trip Request

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 johnsonj@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 . All chaperones MUST have an approved background check and a Covid Vaccine card or Exception is on file at the District Office. Email this form to warnerj@ycschools.org or turn it into the district office.**

SMALL SCHOOLS - BIG ACHIEVEMENTS!