San Leandro Unified School District

OFF-CAMPUS SCHOOL-SPONSORED EVENTS STUDY/FIELD TRIP APPROVAL FORM

School Name: _____ Teacher: _____

_____Number of students:____(males)____(females)
Name of Group

Teacher(s):_____Classes taken: Periods 1, 2, 3, 4, 5, 6
(if applicable) (circle)
_____Substitute need for: 1, 2, 3, 4, 5, 6
(if applicable) (circle)

Destination (Location):_____
Address:_____

Dates of Trip: Leave School:_____Time:_____
Return to School:_____Time:_____
Purpose of Trip:_____

Chaperones Names: (males)_____
Chaperones Names: (females)_____

Types of transportation: (Appropriate forms must be completed.)
Charter Bus: _____ Cost: _____
(See Business Services for current approved listing)
Private Car:_____(Students must have parent permission
to drive and are not to drive outside the immediate area.) Insurance form needed
Other: _____ Note Specifics: _____
All anticipated absence forms (if necessary), parent approval forms, medical forms, emergency phone numbers and other appropriate information must be submitted to the office of the Principal prior to departure.

Approval:_____ Date:_____
Signature of Principal

For Overnight Trips Only:
_____ Date:_____
Signature of Superintendent or designee
Board Approval Date:_____ (If Applicable)If request is denied,
reason(s) for denial: _____

Exhibit: SAN LEANDRO UNIFIED SCHOOL DISTRICT
Version: June 24, 2014
Reviewed:

Study/Field Trip Checklist must accompany this form

_____

Study/Field Trip Checklist

Name of School:_____Name of Group: _____

Contact Person: _____Phone # _____

Date of Trip: _____ Location of Trip_____

Please check the following requirements completed for which you are responsible to ensure students and staff a safe study/field trip:
___ Arranged for substitutes (if applicable)
If sub required, how will cost be covered? _____
___ Volunteer Requirements met
___ Funding for trip
___ Transportation
___ Proof of Insurance for transportation
___ Certificate of Insurance/Proof of Liability (for SLUSD or Organization) if required
___ Required Chaperone Ratio (male and female)
___ Signed Permission Slips
___Health Concerns Checklist Completed
___Required Medication Form Completed
___ Sleeping Arrangements (overnight/out-of-state trips):
Type: _____