

COMPLETE SIDE 1 AND 2  
FOR BUS OR ACTIVITY VAN!

**ASHLAND SCHOOL DISTRICT FIELD TRIP REQUEST FORM  
SIDE 1 ALL FIELD TRIPS**

DATE  
SUBMITTED

		Leave:	Return:				
TEACHER (S)		ACTIVITY TIME / DATE (S)		LOCATION (S)			
BRIEF DESCRIPTION OF FIELD TRIP AND INSTRUCTIONAL RELEVANCE							
<input type="checkbox"/> WALKING <input type="checkbox"/> PERSONAL CAR      (Fill out FRONT SIDE of this form only – forward e-signed form to PRINCIPAL) <input type="checkbox"/> DISTRICT BUS <input type="checkbox"/> CONTRACTED BUS <input type="checkbox"/> DISTRICT CAR      (Fill out BOTH SIDES of this form – forward e-signed form to PRINCIPAL)							
ACCESS							
STUDENT COUNT	STAFF COUNT	ADULT VOLUNTEER COUNT	CPR	FIRST AID	MED ADMIN	EPI PEN	GLUCAGON
CONSIDERATIONS FOR SPECIAL NEEDS							
ALTERNATIVE ACTIVITY PLAN ON FILE		STUDENTS NOT PARTICIPATING IN TRIP AND REASON					

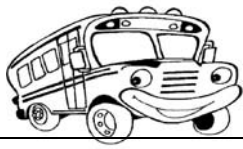
FIELD TRIPS OUTSIDE OF CITY LIMITS, REMOTE LOCATIONS AND OVERNIGHTS?  No – skip section

JUSTIFICATION FOR USE OF LOCATION AS MOST PROXIMAL OR LOWEST RISK							
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FIELD TRIPS TO REMOTE AREAS - One or more of the following:  No – skip section

<input type="checkbox"/> Poor cell connection <input type="checkbox"/> Greater than 15 min. emergency response <input type="checkbox"/> Four wheel drive <input type="checkbox"/> Non-urban foot access greater than 1 mile <input type="checkbox"/> Wilderness activity greater than single school day				
REMOTE AREAS MEET ONE OR MORE OF THE ABOVE CRITERIS				
LOCAL EMERGENCY AGENCY CONTACT INFO		By	Date	EMERGENCY RESPONSE TIME (ESTIMATED)
<ul style="list-style-type: none"> <li>▪ Attach at a minimum the following:</li> <li>▪ Travel plans and route</li> <li>▪ Number of Participants (Adults, Students by age) and special needs/considerations</li> <li>▪ Number of Staff with District approved First-Aid and CPR</li> <li>▪ Estimated departure and return time</li> </ul>		<ul style="list-style-type: none"> <li>▪ Method of communication (cell, cell and satellite)</li> <li>▪ Weather check and contingencies</li> <li>▪ Frequency of trips to location</li> <li>▪ Emergency contingencies</li> <li>▪ Verification of Liability Insurance provided by facility/third-party when applicable</li> </ul>		
COPY OF TRIP PLAN FILED WITH LOCAL EMERGENCY RESPONDERS				

		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
TEACHER SIGNATURE		APPROVED		PRINCIPAL SIGNATURE	
				DATE	



# ASHLAND SCHOOL DISTRICT FIELD TRIP REQUEST FORM

## SIDE 2 TRANSPORTATION DEPARTMENT

ONE TRIP PER REQUEST			
DATE OF REQUEST	SCHOOL	TEACHER(S)	GRADE LEVEL(S)
<input type="checkbox"/> DISTRICT <input type="checkbox"/> STUDENT BODY <input type="checkbox"/> OTHER			
FUNDING			ACCOUNT CODE
TRANSPORT DATE(S)		ALTERNATE DATE(S)	
OVERNIGHT?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
IF YES, PLEASE ATTACH ADDITIONAL TRIP DETAILS AND ARRANGEMENTS FOR DRIVER(S)			
DEPART LOCATION		DEPART TIME	
DESTINATION LOCATION		RETURN TIME	
ESTIMATED ROUND TRIP (MI)	COUNT OF STUDENTS	ADULTS	TOTAL
COUNT ACTIVITY VEHICLES		COUNT BUSES	

ACTIVITY VEHICLES ONLY: TO BE PICKED UP AT THE TRANSPORTATION CENTER BETWEEN 7:00 AM and 4:00 PM DURING SCHOOL DAYS ONLY. VEHICLES MUST BE RETURNED IMMEDIATELY WHEN TRIP IS COMPLETED.

VEH. 1: DRIVER NAME	OR LIC. NUMBER	EXPIRES	PHONE

VEH. 2: DRIVER NAME	OR LIC. NUMBER	EXPIRES	PHONE

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

			COMMENTS
Yes <input type="checkbox"/> No <input type="checkbox"/> APPROVED	PRINCIPAL SIGNATURE	DATE	
Yes <input type="checkbox"/> No <input type="checkbox"/> APPROVED	BUSINESS MANAGER SIGNATURE	DATE	
Yes <input type="checkbox"/> No <input type="checkbox"/> APPROVED	TRANSPORTATION DIRECTOR SIGNATURE	DATE	