

CHINO VALLEY UNIFIED SCHOOL DISTRICT

CHINO HILLS HIGH SCHOOL

SINGLE DAY FIELD TRIP REQUEST

- ☐ 1. **Three weeks prior to the trip**, complete this form and turn into Activities Dept.
- ☐ 2. If it is an instructional field trip, it must have the signature of your Dept. Chairperson and the Principal.
- ☐ 3. If it is an extracurricular activity, it must have the signature of the Advisor, Activities Director, and the Principal.
- ☐ 4. Overnight trips and/or trips of excessive distance (250 mi) require School Board approval. You should submit completed School Sponsored Trips form along with the itinerary, in time for the trip to be put on the School Board Agenda (at least 8 weeks prior to trip).
- ☐ 5. You must Complete a Transportation Request Form. These forms are available online under Activities. Mileage should be estimated on the top of the request. Transportation recommends telephoning in a reservation three (3) weeks in advance. All trips must be taken in approved transportation vehicles.
- ☐ 6. You must send your roster to the nurse's office 2 weeks in advance of your trip.
- ☐ 7. Attach a list of students attending. Have all students attending the trip complete a Parent Permission Field Trip Form. These forms are available online. The student cannot attend the trip if the instructor or advisor has not received the completed form prior to the trip.
- ☐ 8. In the event students will be missing classes, a final roster of all students attending the trip should be published at least three (3) days prior to the trip. It is essential that the Activities Office receive an updated copy of this roster just before you leave on the trip indicating exactly which students are leaving on the trip.

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Date of Request _____	Instructor/Advisor _____	Organization _____
Date of Field Trip _____	Departure Time _____	Return Time _____
Destination _____	Telephone # of Destination _____	
Purpose _____		
Chaperone _____		
Name w/Cell # _____		
Type of Trip _____	Instructional _____	Type of Transportation _____
(check one)	Activity _____	Walking _____
		School Bus _____
		Automobile _____

****CPR Certified Chaperone Name:** _____

Transportation costs to be paid by: _____

Substitute costs to be paid by: _____

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APPROVED

INSTRUCTIONAL TRIPS:

Approval: _____
Department Chairperson

Approval: _____
S.I. Coordinator

(if funded by S.I. or Categorical funds)

CLUB/ORGANIZATION ACTIVITY:

Approval: _____
Group Advisor

Approval: _____
Activity Director

Approval: _____
Principal