## RESCUE UNION SCHOOL DISTRICT

All overnight and/or	out of state field	ted <b>at least 30 calendar</b> I trips require Board appr	oval. (BP 61F	53)	opcolar olloan			,			
All overnight and/or out of state field trips require Board approval. (BP 6153) Contact Person:					Date of Request:						
School:		Date(s) of Trip:  Check here if field trip is overr					trip is overni	ght			
PARTICIPANTS											
Teache	r	Grade	# of Stu	udents	# of Staf	f	# Chaperor	nes	7	otal	
_											
							Total Partic	ipants			
<b>DESTINATION</b> Che Destination:		1.0	Contact Person								
Jesunation.					ontact i cison	•					
Address:				P	hone:						
MODE OF TRANSPO	ORTATION										
□ Walking	□ Priv	vate Vehicle	□ Com	mercial Tr	ansportatio	n	□ Dis	strict B	Sus		
If District bus, names of staff			_ 00	iiiioioiai ii	anoportatio			, , , , , , , , , , , , , , , , , , ,			
ITINERARY							COST F	PFR F	PERSO	N	
Arrival Time Depart	ture Time		Location			Entro	nce Fee				
		Departure from School					portation				
	De	estination:			Parking						
	O	ther:				Food					
		ther: ther:				Other					
		ther:	' Back at .	School		Other <b>Total</b>	of funds:				
PURPOSE & PREPA preparation for field trip.)		ther:  Arrival			ts concurrent u	Other Total Source of	of funds:		ies involve	d in	
preparation for field trip.)		ther:  Arrival				Other Total Source of	of funds:		ies involve	d in	
preparation for field trip.) eacher Signature		ther:  Arrival		o and suppor		Other Total Source of	of funds:		]	d in	
preparation for field trip.) eacher Signature rincipal Signature		ther:  Arrival		o and suppor		Other Total Source of	of funds:	e activitu	] oved	<u>-</u>	
eacher Signature rincipal Signature uperintendent Signature		ther:  Arrival		Date		Other Total Source of	of funds:	e activiti	] oved	_ Deni	
eacher Signature rincipal Signature uperintendent Signature eason for Denial:		ther:  Arrival	w it relates to	Date Date Date		Other Total Source of	of funds:	e activitu	] oved	_ Deni	
eacher Signature rincipal Signature uperintendent Signature eason for Denial:	ARATION (	ther:  Arrival  Describe field trip and ho	w it relates to	Date Date TATION US		Other Total Source of	of funds:	Appro	] oved	_ Deni	
eacher Signature rincipal Signature uperintendent Signature eason for Denial:	ARATION (A	Arrival  Describe field trip and ho	w it relates to	Date Date Date Estimated	SE * * *	Other Total Source of	of funds:	Appro	] oved ] oved = \$		
PURPOSE & PREPA preparation for field trip.)  eacher Signature  rincipal Signature  uperintendent Signature  eason for Denial:  Date Received:  Route Coverage Requi  TMS #	Buses red? YES	* * * FOR TI	w it relates to	Date Date Date Estimated	SE * * *  I Mileage Cost  Driver Cost	Other Total Source of Init of students of	of funds:	Appro	] oved ] oved = \$ _ (meal) = \$		
eacher Signature  rincipal Signature  uperintendent Signature  eason for Denial:  Date Received:  Route Coverage Requi	Buses red? YES	* * * FOR TI	w it relates to	Date Date Date TATION US Estimated Total Est Teacher C	SE * * *	Other Total Source of Init of students of	of funds:	Appro	] oved ] oved = \$		
eacher Signature rincipal Signature uperintendent Signature eason for Denial:	Buses red? YES	* * * FOR TI	w it relates to	Date Date Date TATION US Estimated Total Est Teacher C	SE * * *  I Mileage Cost  Driver Cost _  imated Cost  Confirmation	Other Total Source of Init of students of	of funds:	Appro	] oved ] oved = \$ (meal) = \$		