

SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT
Office of the Superintendent
DISTRICT ACTIVITIES ONLY

REQUEST FOR FIELD TRIP

School _____ Date _____

Requested by _____ Grade _____

Date of Departure _____ Time _____ Date of Return _____ Time _____

Destination _____

Number of Students going _____ Teacher in Charge _____

Other Teachers/Adults going _____

Funding Source for Transportation _____

Amount per Student \$ _____

PURPOSE: (Briefly outline the reasons for this request. If it is a convention of special event, list the name of the sponsoring organization. If money is to be raised, outline the type of fundraisers to be used. Attach additional information if necessary.)

TYPE OF FIELD TRIP: (See reverse for definitions.)

1. Regular Class Field Trip (within regular school hours). *Approval-Principal.*
2. Special Field Trip. *Approved-Principal, Superintendent, Designee, Board of Education.*
3. Extended Day Field Trip (beyond regular school hours). *Approval-Principal.*
4. Out of State Or Foreign Travel Field Trip. *Approval-Principal, Superintendent/Designee, Board of Education.*

APPROPRIATE APPROVAL SIGNATURES

Principal _____ Date _____

Superintendent/ Designee _____ Date _____

Board of Education Yes _____ No _____ Date _____

Fiscal Approval for Transportation _____ Date _____