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BOT 11.13.2018
E(1) 6153

NOV 02 2018

FIELD TRIP REQUEST FORM

TUHSD
BUSINESS OFFICE

Day Trip, school day _____
Day Trip, non-school day X

Overnight Trip, _____ Nights
Out-of-State Trip, 4 Nights

Date(s) of Trip: 3/27/19 - 3/31/19 Alternate(s): _____

Periods Off Campus: All Time Leaving: ^{8:00} AM 3/27 Return Time: ^{11:5} 3/31

Destination: HERITAGE FESTIVAL City: SEATTLE

Intermediate destinations, departure, and arrival times, if overnight or out-of-state

Date of Request: 10/3/18 # days prior to trip: 175

Sponsoring Group: MUSIC DEPARTMENT School: DRAKE

Number of Students Participating: 45 Number of Chaperones 5

Purpose of Trip: HERITAGE FESTIVAL, CLINICS, CONCERTS

Attach documentation for scheduled events, programs

Swimming included: Yes _____ No X If yes, complete E(2) 6153

Estimated cost of trip: 37,125 Cost per student: 825

Charged to: _____ School M/E _____ Student Body _____ Athletics _____ Organization budget
_____ Fund-Raising X Student/Parent Contribution

Other: _____

Mode of Transportation: X Contract bus _____ Employee car _____ Volunteer car
_____ Student driven car X Other: PLANE

Complete Driver Certification Form E(1) 3541.1

Insurance Coverage Needed:

_____ Day Trip:
Student insurance for students not covered by their own or parent's insurance, insurance available through the District
X Overnight or Out-of-State Trip:
Extended Short-Term Group Coverage, available through the District
(See 5142 - Insurance)

Staff Member in Charge, Print Name: Chip Boaz

I have read and will abide by Board policies and regulations pertaining to field trips.
(cf. 6153 - District-Sponsored Trips)
(cf. 5142 - Transportation for School-Related Trips)
(cf. 3541.1 - Insurance)

Signature Chip Boaz

Principal - Signature [Signature] Date 10/3/18