



WELLPINIT SCHOOL DISTRICT #49

PO Box 390 / 6270 Ford-Wellpinit Road Wellpinit WA 99040
Telephone: (509) 258.4535 Fax: (509) 258.7378

FIELD TRIP TRAVEL ACTIVITY REQUEST FORM

Class(es) or Group(s) Traveling: _____ Date of Travel: _____

No. of students: _____ No. of adults: _____ Total: _____

Destination: _____ Estimated miles: _____

Departure time: _____ Return time: _____ Total hours: _____

Curriculum justification/Purpose of trip: _____

ITINERARY: Time _____ Location _____; Time _____ Location _____;

Time: _____ Location _____

Name of person/persons supervising the trip: _____

Person completing form: _____ Cell phone number: _____

FUNDING

Class Funds: _____ Grade: _____ A.S.B. Funds: _____ Dist. Funds: _____ Private Funds: _____

AUTHORIZING SIGNATURES

Curriculum Coordinator: _____ Date: _____

Activities Coordinator: _____ Date: _____

Kitchen (Lunches): _____ Date: _____

Business Manager (funds approval): _____ Date: _____

A.S.B. approval (if applicable): _____ Date: _____

Transportation Coordinator: _____ Date: _____

Driver(s) assigned _____ Vehicle/bus #'s assigned: _____

Beginning odometer reading: _____ Ending: _____ Total Miles: _____

AUTHORIZATION

Principal's signature: _____ Date: _____

This form must be completed ten (10) days before travel activity! No exceptions.

Copy each to: Check list, Supt. Office and Upstairs Office