Directions:

- **Discuss** the field trip idea with the principal and receive tentative oral approval to continue with the formal process at least 13 school days in advance. **Do not discuss the trip with students and parents/guardians until receiving final approval which requires written approval by the principal.**
- **Approval** will be confirmed within 3 school days of submission. Once approved, Mindi will place activity on MLK calendar and Stephanie will request transportation.
- **Complete** the entire form and submit at least 13 school days in advance.
- **Save** the document using the sample format (ie. “Request from Bruce-Debate” or “Request from Sheldon-CU Field Trip”)
- **Email both** saved document to Kimberly Grayson (Kimberly_grayson@dpsk12.org) for approval and CC Mindi Onwuegbu (Mindi_Onwuegbu@dpsk12.org), Stephanie Sanchez (Stephanie_sanchez2@dpsk12.org), and Felicia Hawkins Felicia_Hawkins@dpsk12.org
- **Confirm** with Stephanie ext.40485 7 school days before activity to make sure everything is confirmed.

Date Submitted: ____________________

**Part A**

**General Information**

<table>
<thead>
<tr>
<th>Today’s Date</th>
<th>Requesting Teacher/Staff Member</th>
<th>Name of Proposed Activity</th>
<th>Date &amp; Time of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of Students</th>
<th>No. of Chaperones</th>
<th>Destination</th>
<th>Who are the students participating in the activity? Attach a list.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Have you checked the Master Calendar for conflicts?  [ ] Yes  [ ] No
- Have you discussed this activity’s date, time, and students with appropriate faculty members:
  - Elective teachers  [ ] Yes  [ ] No  [ ] N/A
  - Grade Level  [ ] Yes  [ ] No  [ ] N/A
- What are the associated cost for:  Students_______  School (if applicable) _______

**Identify the kind of trip (may cover several)**

On campus  [ ]  Walking  [ ]  Day  [ ]  Wilderness  [ ]  Overnight  [ ]  Out of State  [ ]  International  [ ]

**What criteria do students have to meet to be selected?**

**In what way is this activity likely to lead to academic or social growth?**
Part B

On-Campus Activity  
☐ Do you require a room other than your classroom?   ☐ Yes ☐ No
☐ If yes to the above question, please mark which room you would like reserved:
   ○ Commons ☐ Future Center ☐ Cafetorium ☐ Library ☐ Other ☐
   ______________
☐ If more than 20 students will miss lunch, please contact cafeteria manager, Hakeem Thobhani x40484.  
   (He needs a minimum of 10 student contact days’ notice.) ☐ N/A ☐ Date Completed __________
☐ Contact Grayson with set up instructions and U’Ren x40532 for sound and lighting.
   ○ ☐ N/A ☐ Date Completed __________

Walking Activity  
☐ Confirm approval of all volunteer chaperones including favorable Criminal History verification.
☐ Determine accommodations for students with special needs.
☐ If more than 20 students will miss lunch, please contact cafeteria manager, Hakeem Thobhani x40484.  
   (He needs a minimum of 10 student contact days’ notice.) ☐ N/A ☐ Date Completed __________
☐ Complete the portion for standard day trip

Standard Day Activity  
☐ Determine if a substitute is required or how classes will be covered
☐ Call for a substitute, if necessary, and provide lesson plans
☐ If more than 20 students will miss lunch, please contact cafeteria manager, Hakeem Thobhani x40484.  
   (He needs a minimum of 10 student contact days’ notice.) ☐ N/A ☐ Date Completed __________
☐ Collect money (when applicable), turning it into the office in a labeled envelope each day.
☐ Provide list of students approved to attend field trip to Kimberly, Amaris, Stephanie, Nurse Hawkins and
   other faculty members as appropriate. This list must include contact information of faculty and
   chaperones and a breakdown of chaperones and student.
☐ Notify Kimberly about arrangements for an alternative learning experience for students opting not to
   attend or lacking parent/guardian permission.
☐ Review student medication protocols with Nurse Hawkins at least 5 school days prior to activity and
   obtain signature in Part D.
☐ Students are notified of the requirement to be in full uniform during all off campus field trips.
☐ Prepare and send home the student/parent permission forms.
☐ Is DPS Transportation needed? Remember that: (a) windows for excursions are from 9:15 a.m. to 1:30 p.m.
   and (b) a bus must be requested within 10 student contact days of the activity. If so, please complete PART C
Obtain the appropriate forms and directions for completion from Kimberly

Proposed contracts and required forms must be submitted to the district office at least 90 days prior to the date of departure.

Confirm arrangements for:
- Trip Itinerary
- Transportation
- Lodging
- Cost
- Fundraising
- Appropriate Clothing
- Collection of all forms and documents
- Parent Meetings
- Chaperones
- Accommodations for students with disability
- Safety

Provide list of students approved to attend field trip to Kimberly, Amaris, Stephanie, Nurse Hawkins and other faculty members as appropriate. This list must include contact information of faculty and chaperones and a breakdown of chaperones and student.

If more than 20 students will miss lunch, please contact cafeteria manager, Hakeem Thobhani x40484. **(He needs a minimum of 10 student contact days’ notice.)**

Review student medication protocols with Nurse Hawkins at least 5 school days prior to activity and obtain signature in Part D.
Part C

Transportation

Please complete the following information if a bus needs to be ordered for the activity:

**BUS REQUEST**

<table>
<thead>
<tr>
<th>Number of busses needed: ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Departure Time: ____ a.m. / ____ p.m.</td>
</tr>
<tr>
<td>Return Time from destination: ____ a.m. / ____ p.m.</td>
</tr>
</tbody>
</table>

*Remember that windows for excursions are from 9:15 a.m. to 1:30 p.m.*

Complete Address of Destination: ________________________________

Will the bus need to accommodate a disabled student? ______________

Number of students: ____ Number of Adults: ____ Total number of passengers: ____

Point person for trip: ________________________________

Payment will come from (check one): ____ students; ____ club account; ____ school field trip account

**Additional comments or Special Instructions**
Part D

Student Medication

☐ School Nurse has been informed of upcoming activity? ☐ Yes ☐ No
☐ School Nurse has been notified of students attending field trip. ☐ Yes ☐ No
☐ Who are the students with Health Care Action Plans/Concerns/Dietary Needs? Please list below.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

☐ At least one faculty member has been CPR/1st Aid Certified? ☐ Yes ☐ No
Identified faculty member: ___________________________

☐ Nurse has identified specific students of concerns and has prepared a handoff form and parent letters have been distributed 2-3 days prior to the activity? ☐ Yes ☐ No

☐ 2-3 days prior to activity, teachers will meet with the school nurse to learn of significant concerns and delegation for medication and health concerns.
Meeting Date and Time: ____________________________________________

Administrator Signature of Approval: _________________________________ Date: ____________________