



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

This form must be completed fourteen (14) days before travel activity! No exceptions.

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

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

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: _____

AUTHORIZATION

Principal's signature: _____ Date: _____

Superintendent's signature (Out of State travel or over 300 miles) _____ Date _____

FUNDING

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

AUTHORIZING SIGNATURES

Kitchen (Lunches) _____ Date _____

Business Manager (District funds only): _____ Date _____

A.S.B. Supervisor (ASB Funds only): _____ Date _____

Transportation Coordinator: _____ Date _____

School Nurse _____ Date _____

Person completing form must give copy to: Business Office, Supt. Office, Bus Garage, Kitchen and Main Office.