

WINDOW ROCK UNIFIED SCHOOL DISTRICT NO. 8  
POST OFFICE BOX 559  
FORT DEFIANCE, AZ 86504

## FIELD TRIP PACKET

(ENTIRE field trip packet must be typed and submitted to Principal for review)

Log #: \_\_\_\_\_

T.A.#: \_\_\_\_\_

Tsehootsooi Primary Learning Center

Tsehootsooi Intermediate Learning Center

Tsehootsooi Dine Bi'Olt'a

Tsehootsooi Middle School

Window Rock High School

Window Rock High School - Athletic Trip

Scouts Academy

### CONTENTS OF PACKET

1. Field Trip Request Form
2. Finance Request
3. Student Roster for Enrichment Activity
4. Travel Agenda
5. Field Trip Permission Slip/Medical Form
6. Educational Value
7. Sack Lunch Request Sheet
8. Injury Report Sheet (Athletic Trip Only)
9. Field Trip Evaluation Form

### BE ADVISED THAT:

1. Incomplete Field Trip Packets will be returned.
2. Signature of driver, if using a district vehicle, must be completed.
3. ALL OVERNIGHT TRAVEL MUST BE BOARD APPROVED PRIOR TO DATE OF TRAVEL.

Approved and Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Board Approved: \_\_\_\_\_ Packet Returned to Principal: \_\_\_\_\_  
(Date) (Date)

Packet Returned to Athletic Director (Athletic Trips Only): \_\_\_\_\_  
(Date)

# Request Form

*(Must Be Typed)*

Date of Request: \_\_\_\_\_ Phone #: \_\_\_\_\_

Teacher(s) responsible for trip: \_\_\_\_\_

Class/Club or Organization: \_\_\_\_\_

Anticipated Number of Students: \_\_\_\_\_ Chaperones: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Destination: \_\_\_\_\_

Total Cost of Trip: \$\_\_\_\_\_

## Authorized Signatures

	Status	Date Received &	Initials
Principal	Approved		
	Disapproved		
Superintendent	Approved		
	Disapproved		
Business Manager	Approved		
	Disapproved		
Athletic Director (Athletic Trips Only)	Approved		
	Disapproved		

## Estimated Expenses

This is a field trip worksheet form only and is neither an authorization nor approval to extend any Activity Account or other Budget Funds. However, if the field trip is allowed, no expenditures will be allowed except those stated below. The Principal's secretary will return the field trip packet if the form is not completed.

Meals	
<b>Breakfast</b>	
No. of Students: _____ @ \$ _____ per student = \$ _____	
No. of Adults: _____ @ \$ _____ per adult = \$ _____	
<b>Lunch</b>	
No. of Students: _____ @ \$ _____ per student = \$ _____	
No. of Adults: _____ @ \$ _____ per adult = \$ _____	
<b>Dinner</b>	
No. of Students: _____ @ \$ _____ per student = \$ _____	
No. of Adults: _____ @ \$ _____ per adult = \$ _____	
<b>Total Cost of Meals: \$ _____</b>	

Lodging	
<b>Motel:</b> _____	<b>Phone#:</b> _____
<b>Address:</b> _____	
City	State      Zip
No. of Person(s) _____ # of Rooms _____ @ \$ _____ per room	
No. of Person(s) _____ # of Rooms _____ @ \$ _____ per room	
(4) persons per room - \$25.00 Maximum	
<b>Total Cost of Rooms: \$ _____</b>	

### Miscellaneous Fees (Entrance Fee/Transportation)

Entrance Fee:	
<b>Event:</b> _____	
Students _____ @ \$ _____ = \$ _____  Other: _____ @ \$ _____ = \$ _____	Adults _____ @ \$ _____ = \$ _____  <b>Total Entrance Fee: \$ _____</b>
Transportation:	
Non-Pupil Fleet Fee \$ .445 @ _____ miles = \$ _____	Pupil Fleet Fee \$ 2.42 @ _____ miles = \$ _____
<b>Total Transportation Cost: \$ _____</b>	
<b>GRAND TOTAL (Meals, Lodging &amp; Misc. Fees) \$ _____</b>	

1. Are funds available in the Class, Club, or Organization's Activity Account? Yes      No
2. Will the School's Budget Funds be utilized? If yes, please list account numbers and amounts: Yes      No

Account#: _____	\$ _____
Account#: _____	\$ _____
3. Other finances that will be utilized:

Individual: \$ _____	Club: \$ _____	Other: \$ _____	Total: \$ _____
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(Figures from #2 and #3 should match the Grand Total Above)

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*NOTE: Do not leave on "field trip" without receiving appropriate forms from the Principal or Business Office to "pay" for above expenses.*

## Student Roster for Enrichment Activity

### Distribute copies to the following:

1. One copy goes to the Principal's Secretary for the Daily Bullentin no later than 12:00 noon **the day before your field trip.**
2. As you load for departure, correct the list by "circling" names of those not present. Leave "ONE" corrected copy with the Principal's Secretary.
3. Keep a copy for your trip.

\*\*A student must be on the list initially and must have submitted a signed parent permission slip in order to be allowed to make the trip.\*\*

Date of Activity: \_\_\_\_\_

Teacher(s) / Sponsors / Chaperones:


Class / Club / Organization: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

Destination: \_\_\_\_\_

### Student list (Alphabetically)

Student Name (Last and First Name)	Student Name (Last and First Name)
1	21
2	22
3	23
4	24
5	25
6	26
7	27
8	28
9	29
10	30
11	31
12	32
13	33
14	34
15	35
16	36
17	37
18	38
19	39
20	40

**Enrichment Activity:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

[illegible]

## Sack Lunch Request Form

### Food & Nutrition Services

1. All Sack Lunch requests must be received in the Food & Nutrition Office (10) School days prior to the date of the trip. (Do not submit the sack lunch request form with the field trip packet.)
2. All incomplete requests will be returned to the original requester
3. A list of students attending the trip must be submitted to the Food Service Cashier at the school on the day of the trip.
4. Please attach a list that includes the name and ID number of each student attending the trip.
5. Adult sacks must be paid prior to the scheduled pick up.
  - \*Adult breakfast sacks: \$1.50
  - \*Adult lunch sacks: \$ 2.50
6. If you are requesting specific items, please note there is an additional charge for these items.
7. Cancellations must be made 24 hours prior to the scheduled pick-up. If meals are not cancelled, the original requester will be invoiced for the meals.

Today's Date: _____		
Date of Trip: _____ Time of Pick-Up: _____ Destination: _____		
School/Dept.: _____ Grade: _____ Class: _____		
Teacher/Sponsor Name: _____		
Signature of Teacher/Sponsor: _____		
<b>Meal Type:      Breakfast      Lunch</b>		
Number of Student: _____	Number of Adults: _____	Total Meals Requested: _____
<b>Meals not Taken:</b>		
Number of Student: _____	Number of Adults: _____	Total Meals not Taken: _____
<b>Payment Type:</b>		
Accounts	Cash	Purchase Order No.: _____

Approved by Principal/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Food & Nutrition Services Only		
Invoice#: _____		
Director's Signature: _____		Date: _____
Kitchen site received: _____	Date: _____	Assigned to: _____
Completed by: _____	Picked up by: _____	Date: _____

## Field Trip Educational Value Form

1. What is the "educational purpose and value" of the trip for students?

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2. What "pre-trip orientation" was made with the students?

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3. What "use or follow-up" will be made following the trip?

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### Approval for Trip:

Teacher/Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_

Principal: \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Date: \_\_\_\_\_

## School Field Trip Parental Permission for Pupil Participation Form

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This is a notice to parent(s) or guardian(s) that a school sponsored activity is planned for your child/children. The parent is requested to sign and return the form before the student takes part in the activity. A student may be denied participation because of misconduct, excessive absence or critical academic standing.

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### Parental Permission

A trip is planned for the students at \_\_\_\_\_ to go on a school  
(Class / Club / Organization)

sponsored activity to \_\_\_\_\_ on \_\_\_\_\_.  
(Place) (Date)

They will leave approximately \_\_\_\_\_ (AM) and return approximately \_\_\_\_\_ (PM).

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### Transportation will be provided by the school district

In case of illness or injury while on the trip, the sponsor will seek necessary medical aid and the parent will be notified promptly of the need.

I hereby give permission for \_\_\_\_\_ to participate in this school sponsored activity.

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone No.**

\_\_\_\_\_  
**Date:**

**IMPORTANT: Students going on bus trips must return by bus unless advance written permission or personal contact is made by the parents/guardian to the sponsor.**



## Field Trip Evaluation Form

**1. What class activities or lessons were undertaken before this trip?**

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**2. How does this field trip relate to/or emphasize yearly curriculum goals?**

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**3. What activities in the clas have been undertaken to review wh was experienced on this trip?**

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**4. What could be done to improve future trips?**

(If additional space is required, please attach a separate sheet and return to the "Principal's" office.)

## Student Injury Report Form *(Athletic Trip(s) Only)*

Complete the "Student Injury Report Form" as soon as possible after the accident occurs and forward the report to the Athletic Director. The form will be returned if there is any missing information.

### Student Information

Name of School and Organization: \_\_\_\_\_

Club(s) Sport(s) Class Activities Other: \_\_\_\_\_

Student Name (injured): \_\_\_\_\_ Gender: Male Female

Social Security #: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Injury (Accident): \_\_\_\_\_ Time of Injury: \_\_\_\_\_ AM / PM

Place of Injury: \_\_\_\_\_

Injury Occured at: Practice At Home Game P.E. Classroom Other

Type of Sports: \_\_\_\_\_

### Description of Accident

How did the accident happen? (State all details including any tools, machinery, or instruments involved)

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Part of Body Injured: \_\_\_\_\_ Side Injured: RT LT Both

If hospitalized, Name of Hospital: \_\_\_\_\_ Fatal: Yes No

### Remarks

What action or recommendation were made to prevent other accidents of this type?

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Name of Parent(s) or Gurdian(s): \_\_\_\_\_

Date Notified: \_\_\_\_\_

Name of Witness(es) to the accident:

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

Signature of Athletic Director: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Date: \_\_\_\_\_