

Y R F Q Y ' T Q E M U N I F I E D S C H O O L D I S T R I C T
K-12 FIELD TRIP REQUEST FORM
(Must Be Typed)

Date of Request:			
Teacher(s) responsible for trip:		Phone:	
Class/Club or Organization:			
Anticipated Number of Students:			
Date of Trip & Destination:			
Total cost of trip: \$ _____			

Authorized Signatures			
	Status	Date Received & Approved	Initials
Principal	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Superintendent	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Business Manager	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Athletic Director (Athletic Trips Only)	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		

Y R F Q Y ' T Q E M U N I F I E D S C H O O L D I S T R I C T 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 this form is not completed.

MEALS	
BREAKFAST:	
No. _____ @ \$ _____ per Student	= \$ _____
No. _____ @ \$ _____ per Adult	= \$ _____
LUNCH:	
No. _____ @ \$ _____ per Student	= \$ _____
No. _____ @ \$ _____ per Adult	= \$ _____
DINNER:	
No. _____ @ \$ _____ per Student	= \$ _____
No. _____ @ \$ _____ per Adult	= \$ _____
Total Cost Meals = \$ _____	

LODGING			
Motel:		Phone:	
Address:		City/State:	Zip:
# of Person(s) _____	# of Rooms _____	@ \$ _____ per room	
# of Person(s) _____	# of Rooms _____	@ \$ _____ per room	
(4 persons per room-\$25.00 Maximum)		\$ _____	Total Cost of Rooms

MISC. FEES	
Entrance Fee: Students _____ @ \$ _____ = \$ _____ Adults _____ @ \$ _____ = \$ _____ *Other _____ @ \$ _____ = \$ _____ *(Please indicate here: _____) Total Cost of Misc. Fees = \$ _____	Transportation Cost: P qp/Rw k l H g g v F e e \$.667 @ _____ miles = \$ _____ R w k l H g g v F e e \$ 4.64 @ _____ miles = \$ _____ Total Transportation Cost = \$ _____

GRAND TOTAL (Meals, Lodging & Misc. Fees) \$ _____

1. Are funds available in Class, Club or Organization's Activity Account? [] Yes [] No
 2. Will School's Budget Funds be utilized? If yes, please list account numbers and amounts: [] Yes [] No
 Acct.# _____ \$ _____
 Acct.# _____ \$ _____
 3. Other finances that will be utilized:
 Individual \$ _____ Club \$ _____ Other \$ _____ Total \$ _____
- (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.

Y RPFQY 'TQEMUNIFIED SCHOOL DISTRICT STUDENT ROSTER FOR ENRICHMENT ACTIVITY

Distribute copies to the following:

1. One copy goes to Principal's Secretary for the Daily Bulletin 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:_____	Time:_____	
Return Date:_____	Time:_____	
Destination:_____		

List Students Alphabetically

Student Name	Student 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.

Y K F Q Y ' T Q E M U N I F I E D S C H O O L D I S T R I C T T R A V E L A G E N D A

Enrichment Activity:	Date(s):
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[illegible]

**WINDOW ROCK UNIFIED SCHOOL DISTRICT
SCHOOL FIELD TRIP
PARENTAL PERMISSION FOR PUPIL PARTICIPATION**

This is a notice to parents or guardian 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.

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).

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
TO THE SPONSOR.***

**WINDOW ROCK UNIFIED SCHOOL DISTRICT
FIELD TRIP EDUCATIONAL VALUE FORM**

1. What is the Educational Purpose and Value of the Trip for Students?

2. What Pre-trip Orientation was made with the students?

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

APPROVAL FOR TRIP:

Teacher/Sponsor: _____ Date: _____

Principal: _____ Date: _____

Superintendent: _____ Date: _____

WINODW ROCK UNIFIED SCHOOL DISTRICT
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 that school ON THE DAY OF THE TRIP **before the sack lunches will be released for proper identification.**
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 scheduled pick up. Adult breakfast sacks are \$1.75 and Adult lunch sacks are \$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 requestor will be invoiced for the meals.**

Today's Date:			
Date of Trip:	Time of Pick Up:		Destination:
School/Dept.:	Grade:	Class:	
Teacher/Sponsor:		Signature:	
Meal Type: Breakfast _____ Lunch _____ No. of Students _____ No. of Adults _____ Total Meals Requested _____ Meals not Taken: No. of Students _____ No. of Adults _____ Total Meals not Taken _____			
Payment Type: Accounts _____ Cash _____ Purchase Order No. _____			
Approved by Principal/Designee _____ Date _____			

FOOD & NUTRITION SERVICES ONLY			
Invoice # _____ Directors signature _____ Date _____ Kitchen site received _____ Date _____ Assigned to _____ Completed by _____ Picked up by _____ Date _____			

WINDOW ROCK UNIFIED SCHOOL DISTRICT
STUDENT INJURY REPORT FORM (*Athletic Trips 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 (Clubs, sports, class activities, etc):			
Name of Injured Person (STUDENT):			
Social Security #:	Age:	Grade:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Injury (ACCIDENT):		Time of Injury: <input type="text"/> AM <input type="text"/> PM	
Place of Injury:			
Injury occurred at <input type="checkbox"/> Practice <input type="checkbox"/> At Home <input type="checkbox"/> Game <input type="checkbox"/> P.E. <input type="checkbox"/> Classroom <input type="checkbox"/> Other			
Type of Sports:			

DESCRIPTION OF ACCIDENT	
How did the accident happen? (State all details including any tools, machinery or instruments involved)	
Part of body injured:	Side Injured: <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> BOTH
If hospitalized, name of hospital:	Fatal: <input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks: What action or recommendations were made to prevent other accidents of this type?

Name of Parent(s) or Guardian(s):	Date Notified:
Telephone No. or Place of Residence:	
Name of Witness(es) to the accident:	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Signature of Athletic Director: _____ Date: _____

Signature of Principal: _____ Date: _____

WINDOW ROCK UNIFIED SCHOOL DISTRICT
FIELD TRIP EVALUATION FORM

This form should be completed within 3 days of any field trip and submitted to your principal.

Date of Report:	
Teacher's Name:	Grade:
No. of Students who participated in the trip: _____	
No. of Adults who participated in the trip: _____	

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

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

3. What activities in the class have been undertaken to review what was experienced on the trip?

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)