

**SCHOOL-SPONSORED EXTENDED FIELD TRIP  
PRELIMINARY APPROVAL FORM**

This form is to be completed by the extended field trip organizer and must provide enough information so the principal can give preliminary approval for the field trip.

School: \_\_\_\_\_

Trip organizer(s): \_\_\_\_\_

Class, club, department, or organization: \_\_\_\_\_

Trip destination(s): \_\_\_\_\_

\_\_\_\_\_

Date(s) of trip(s): \_\_\_\_\_

Departure time: \_\_\_\_\_ am/pm          Return time: \_\_\_\_\_ am/pm

# of school days missed: \_\_\_\_\_

Educational benefit of the trip:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activities planned during the trip:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Related brochures/information attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Preliminary trip itinerary attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Does field trip involve any risk related activities: Yes \_\_\_\_\_ No \_\_\_\_\_

- Remote locations/hiking
- Air travel
- Motorized activities
- Animals
- Swimming, boats, or in/around water
- Other: \_\_\_\_\_

Estimated # of students: \_\_\_\_\_          Age level of students: \_\_\_\_\_

Student/chaperone ratio: \_\_\_\_\_          # of chaperones needed: \_\_\_\_\_

Any special chaperone qualifications required: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list special chaperone qualifications (e.g., CPR certified): \_\_\_\_\_

Means of travel (school bus preferred): \_\_\_\_\_

How food will be provided: \_\_\_\_\_

Housing required: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list type and location: \_\_\_\_\_

Details of proposed budget and how trip will be financed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fundraising required: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach a fundraising plan.)

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**ADMINISTRATIVE APPROVAL  
(FOR OFFICE USE ONLY)**

Date Submitted: \_\_\_\_\_ Organizer’s Signature: \_\_\_\_\_

Reviewed field trip plan with principal on: \_\_\_\_\_

The following is needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Preliminary administrative approval received:

Date Approved: \_\_\_\_\_ Principal’s Signature: \_\_\_\_\_

Submit to the Supervisor or Administrator and School Board for approval? Yes \_\_\_\_\_ No \_\_\_\_\_

Supervisor, Administrator or School Board approval received on: \_\_\_\_\_