

Student Activities FIELD TRIP CHECK LIST

Organization Name _____

Advisor Name: _____ Telephone Number: _____

In State [] or Out of State []

Destination and Purpose: _____

Departure Date: _____

Return Date: _____

- Field Trip, Pupil Transportation, Special Travel Request Form
- Advisor's Approval
- Budget Listing
- Accommodations listing *(if needed)* N/A []
- Club Information – *Sheet Completed*
- Enrollment Verified for Participants Yes [] or No []
- Waiver of Claims and Consent to Treatment *(Student Activities Office)*
- Field Trip Absence Cards
- Transportation Department (tentative arrangements)

Advisor: _____
(Advisor's Signature) (Date)

Approved: _____
Gina Foppiano, Interim Supervisor of Student Activities (Date)

T.J. Walton, Vice-President of Student Services (Date)