GREENBUSH MIDDLE RIVER SCHOOLS

MAKE A COPY of THIS FORM - SUBMIT PAPER COPY TO PRINCIPAL
ALL FIELD TRIPS MUST BE PRE-APPROVED BY THE PRINCIPAL
REQUESTS ARE DUE AT LEAST TWO WEEKS (10 SCHOOLDAYS) IN ADVANCE
OVERNIGHT/EXTENDED FIELD TRIPS MUST BE BOARD APPROVED AND NEED 5 WEEKS NOTICE
ALL FIELD TRIPS ARE SUBJECT TO DENIAL DUE TO FUNDING AND TRANSPORTATION AVAILABILITY

FIELD TRIP APPROVAL FORM

MOST SCHEDULED MSHSL EVENTS ARE NOT FIELD TRIPS.

TAKING STUDENTS OFF SCHOOL GROUNDS IS CONSIDERED A FIELD TRIP UNLESS WAIVED BY THE PRINCIPAL. REGULAR EXCURSIONS THAT ARE PART OF A CLASS ARE SUBJECT TO THIS FORM AND APPROVAL PROCESS.

Name of Field Trip Supervisor:	Name of group, club, or department, or class.
Descriptive name of this field trip?	Destination Name/Address: Staffle, Wash.
COLA National Confilm	Round Trip Miles: (Flying)
Number of Students: # male students #female students	Grade level/s of student participants: (circle all that apply)
# Male Students #remale students	
Number of Chaperones: 2 + I parent	9 (0) (1) (2)
Date of Departure: June 28, 2024	Date of Return: July 2, 2024
Time of Departure: }: /5 am	Time of Return: 2:00 pm
School Hours Missed: (for single day trips)	# School Days Missed: (if more than one day)
1 2 3 4 5 6 7 (circle hours that apply) outside the school day Summer	1.5 2 2.5 3 3.5 4 other
This field trip extends past 6:00 p.m. on a Wednesday.	This field trip occurs on a Sunday. Yes No
Students will pay for their own lunch District funds are requested Grant funds to be used (name of grant: Outside group, booster club, individual, or a (name:	insportation and/or registration/admission fee SOS/S/VO
What is the purpose of this field trip? (choose Instructional Learning Rediction Required for all students enrolled in t Only students in selected section/s o Students participate by choice	The course will participate STAR EVENT Advanta
☐ Supplemental (check all that apply) ☐ All students in a course or club/activi ☐ Students participate by choice or sele ☐ This is an enrichment opportunity	ty will participate

🗑 Exter	nded / Overnight Trip	(ATTACH ITINERARY))		
M		el competition, training			
	have qualifie		····		
	□ anticipating				
П		participate in honorary	event or competition	2	
_		rvited or selected	event or competition	•	
		to be invited or selecte	الم		
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		be invited or selected			
E. What are t	he estimated travel c	osts of the field trip?	See Attached	t Financial n • Douwnints	
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OFFICE USE	ONLY:				
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3. Is this trip ap	proved and funded thr	ough the Carl Perkins g	rant? Yes No	1,048.97 of MIS	. War.
NOTE: If actua	il costs exceed the app	proved Perkins amount,	this must be funded	through other means.	Chills
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Date Receiv	red (Office):4/	22/24			
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G. Administ	rative Review			1	
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Activities Direct	or algrature	Date /a /a /			
RUI	1	4/22/24	Approved	Not Approved	
Principal Signal	ure /	Date	(pprovou	Not Approved	
Extended Tr	lna.				
Extended Tr	ibs				
On the state of th			Approved	Not Approved	
Superintendent	Signature	Date	Approved	Not Approved	
Superintendent	Signature	Date	Approved	Not Approved	
Superintendent	Signature	Date			
	-		Approved	Not Approved Not Approved	
	Signature nairperson Signature	Date			
	-				

FIELD TRIP PROCEDURAL CHECKLIST Greenbush / Middle River School

SUBMIT THIS CHECKLIST and a LIST OF STUDENTS and CHAPERONES TO PRINCIPAL PRIOR TO DEPARTURE

Name	of Trip Supervisor: Laura Dahl Date of Trip: L/21 - 7/2/2024					
Descr Super	ption or Name of Trip: FICLE Notice of Trip:					
×	APPROVAL PROCESS Submit completed approval request form to principal (for instructional or supplemental trips) or to activities director (for clubs/student activities/athletic and extended trips) 2 weeks prior to the event.					
×	PARENT/GUARDIAN COMMUNICATION DIFFE A PARENT/GUARDIAN PERMISSION FORM is required for all students attending. Supervisor takes these on the trip and submits them to principal upon return.					
) 6	Prior to departure, Inform students of behavior and learning expectations and permission form procedures. Overnight or extended trips require advanced student and parent informational sessions.					
M	SCHOOL COMMUNICATION SUBSTITUTES - 2-3 weeks prior - request subs as needed for teachers or paras (indicate "chaperone") MEDICAL- 1 week prior - make arrangements for student medication/health concerns (see principal) SPECIAL NEEDS - 1-2 weeks prior - contact and case managers for students with IEP to plan for any unique needs EMAIL TEACHERS - 1 week prior - email teachers with date and list of students attending if other courses are affected					
ø	CHAPERONES TO THE MODIFIE TO THE SCHOOL AS THE BACKGROUND CHECK PROCESS takes 10-15 business days or longer. The school does not cover the cost of the background check.					
ø	ACCOUNT FOR ALL STUDENTS Ensure all students are accounted for. TAKE PERMISSION SLIPS ALONG AND return all sign-ins and permission slips to security office personnel upon return.					
M	SUPERVISOR SIGNATURE Signature indicates assurance that all items above are or will be completed.					
<i>-</i>	elu Trip Supervisor Signature Son priorio numbor in dee daniig neid trip					