

Olympia School District  
**REQUEST FOR OVERNIGHT FIELD TRIP**

---

**Date of Application**

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

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

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

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

---

PURPOSE OF TRIP (Learning Objectives)

ITINERARY:

---

Type of Event (Parade, Contest, etc.): \_\_\_\_\_

Name of Group Participating (Debate, Band, etc.): \_\_\_\_\_

PERSON IN CHARGE: \_\_\_\_\_ # of Students Participating: \_\_\_\_\_

# of Teacher Chaperones: \_\_\_\_\_ # of Parent Chaperones \_\_\_\_\_

---

**TRANSPORTATION:** School Bus Chartered Bus Ferry Other: \_\_\_\_\_ Cost: \_\_\_\_\_

**Housing:** Motel Hotel Dorm Private Home Other: \_\_\_\_\_ Cost: \_\_\_\_\_

**Food:** Individual Meals Group Meals Other: \_\_\_\_\_ Cost: \_\_\_\_\_

**Other Costs:** PLEASE SPECIFY \_\_\_\_\_ Cost: \_\_\_\_\_

TOTAL COST OF TRIP: \$ \_\_\_\_\_

---

**SOURCE(S) OF FUNDS:**

Building Budget Acct. # \_\_\_\_\_ Amt. \_\_\_\_\_

Student Body Acct. # \_\_\_\_\_ Amt. \_\_\_\_\_

Individual Student Amt. \_\_\_\_\_

Other: \_\_\_\_\_ Amt. \_\_\_\_\_

TOTAL SOURCE OF FUNDS: \$ \_\_\_\_\_

---

**TO BE FILLED OUT BY TRANSPORTATION IF DISTRICT BUSES ARE USED:**

Estimated Cost: \_\_\_\_\_ Recorded By: \_\_\_\_\_

Figured on basis of \_\_\_\_\_ bus(es) Date \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
Principal Asst. Superintendent Superintendent

**Form distribution:** Goldenrod copy – School; submit remainder 20 school days BEFORE the event to the Superintendent’s Office. Once approved: White copy - Superintendent’s office; Yellow copy – Return to School. IF BUSES ARE NEEDED, send Pink copy to Transportation.