

**OLYMPIA SCHOOL DISTRICT  
FIELD TRIP REQUEST**

**CHECK IF OVERNIGHT**

SCHOOL Capital High School		DEPARTMENT/GRADE Business Education/FBLA		REQUESTED BY Allison McFadden	
DESTINATION Seattle, WA					
DEPARTURE DAY/DATE Friday, October 4th		TIME 7:45 AM	RETURN DAY/DATE Friday, October 4th		TIME 2:50 PM
PURPOSE OF TRIP (LEARNING OBJECTIVES) CoffeeFest					
ITINERARY OVERVIEW (ATTACH DETAILS) Trade Show, Workshops, Latte Art Competition					
TYPE OF EVENT (PARADE, CONTEST, RETREAT, MEET, CONFERENCE, ETC.) Conference					
PERSON(S) IN CHARGE Allison McFadden				GROUP (DEBATE, BAND, ETC.) Espresso/Smoothie Operations & Management classes	
# STUDENTS M: 7 F: 24		ADULTS ACCOMPANYING (LIST NAMES) REQUIRED: ONE PER 10 STUDENTS DAY TRIP / ONE PER 6 STUDENTS OVERNIGHT Allison McFadden			CELL PHONE CONTACT 360-701-1992
# TEACHER CHAPERONES M: 1 F: 2		Brad Hooper or Clare Tynan Bus Driver			PHONE @ DESTINATION
# PARENT CHAPERONES M: 1 F:		Administrator			ADD'L CONTACT PHONE

**COST OF TRIP**

TRANSPORTATION	SCHOOL BUS <input checked="" type="checkbox"/>	CHARTER BUS <input type="checkbox"/>	FERRY <input type="checkbox"/>	PRIVATE VEHICLE <input type="checkbox"/>	OTHER	\$ 250.00
HOUSING	MOTEL <input type="checkbox"/>	HOTEL <input type="checkbox"/>	DORM <input type="checkbox"/>	PRIVATE HOME <input type="checkbox"/>	OTHER	\$
FOOD	INDIVIDUAL MEALS <input type="checkbox"/>	GROUP MEALS <input checked="" type="checkbox"/>	OTHER instructor			\$ 15.00
OTHER COSTS	SPECIFY: Registration (\$10 each)					\$ 350.00
<b>TOTAL COST OF TRIP</b>						<b>\$ 615.00</b>

**SOURCE OF FUNDS**

BUILDING BUDGET ACCOUNT #	\$	INDIVIDUAL STUDENT Registration, Lunch on own	\$ 310.00
STUDENT BODY ACCOUNT #	\$	OTHER (SPECIFY) CTE - Business Ed.	\$ 305.00
<b>TOTAL SOURCE OF FUNDS</b>			<b>\$ 615.00</b>

**PRE-TRIP REQUIREMENTS**

- I WILL GIVE THREE (3) DAYS' WRITTEN NOTICE TO STAFF PRIOR TO TRIP.
- I WILL ACQUIRE A PERMISSION SLIP FOR EACH STUDENT: LEAVE ONE COPY W/OFFICE; RETAIN ORIGINAL FOR TRIP.
- I HAVE HAD MY CURRENT CLASS LIST REVIEWED FOR HEALTH CONCERNS AND HAVE ANY NEEDED EMERGENCY ACTION PLANS.
- I HAVE BEEN TRAINED BY THE SCHOOL NURSE TO ADMINISTER MEDICATIONS.
- I HAVE A FIRST AID KIT FOR EVERY VEHICLE.
- SCHOOL NURSE IS AWARE OF TRIP AND WILL REVIEW STUDENT LIST FOR HEALTH CONCERNS & MEDICATIONS PRIOR TO DEPARTURE.

**APPROVALS (REQUIRED— 2 WEEKS IN ADVANCE OF TRIP FOR DAY TRIP / 4 WEEKS IN ADVANCE FOR OVERNIGHT)**

PRINCIPAL <i>Jennih [Signature]</i>	DATE 9/3/13	SCHOOL NURSE <i>[Signature]</i>	DATE 9/4/13
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**ASSISTANT SUPERINTENDENT & SUPERINTENDENT APPROVALS REQUIRED FOR OVERNIGHTS AND/OR HIGH RISK TRIPS OR ACTIVITIES**

ASSISTANT SUPERINTENDENT	DATE	SUPERINTENDENT	DATE
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**DATE OF BOARD APPROVAL (REQUIRED FOR OVERNIGHT)**