

OLYMPIA SCHOOL DISTRICT FIELD TRIP REQUEST

CHECK IF OVERNIGHT

SCHOOL Capital HS		DEPARTMENT/GRADE Business Ed		REQUESTED BY Allison McFadden		
DESTINATION Seattle						
DEPARTURE DAY/DATE Thur., 4/17/14		TIME 7:30 AM	RETURN DAY/DATE Sat., 4/19/14		TIME 2 PM	
PURPOSE OF TRIP (LEARNING OBJECTIVES) FBLA State Leadership Conference						
ITINERARY OVERVIEW (ATTACH DETAILS) Workshops, Events, Tours, General Sessions						
TYPE OF EVENT (PARADE, CONTEST, RETREAT, MEET, CONFERENCE, ETC.) Conference						
PERSON(S) IN CHARGE Allison McFadden				GROUP (DEBATE, BAND, ETC.) FBLA		
# STUDENTS M: 11 F:	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: 1	Chris Woods				PHONE @ DESTINATION	
# PARENT CHAPERONES M: F:					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	\$ 400
HOUSING	MOTEL <input type="checkbox"/>	HOTEL <input checked="" type="checkbox"/>	DORM <input type="checkbox"/>	PRIVATE HOME <input type="checkbox"/>	OTHER	\$ 2100
FOOD	INDIVIDUAL MEALS <input checked="" type="checkbox"/>	GROUP MEALS <input type="checkbox"/>	OTHER	Advisor/Chaperone (2 @ \$30/day)		\$ 180
OTHER COSTS	SPECIFY: Registration 11@ \$160; Sub - 2 days \$240					\$ 2320
TOTAL COST OF TRIP						\$ 5000
SOURCE OF FUNDS						
BUILDING BUDGET ACCOUNT # FBLA 3 @ \$35 (Room Difference)	\$ 105	INDIVIDUAL STUDENT 11 @ \$240		\$ 2640		
STUDENT BODY ACCOUNT # FBLA 11 @ \$25 (Drive 1)	\$ 275	OTHER (SPECIFY) CTE - Business Ed		\$ 1980		
TOTAL SOURCE OF FUNDS						\$ 5000
PRE-TRIP REQUIREMENTS						
<input checked="" type="checkbox"/> I WILL GIVE THREE (3) DAYS' WRITTEN NOTICE TO STAFF PRIOR TO TRIP.						
<input checked="" type="checkbox"/> I WILL ACQUIRE A PERMISSION SLIP FOR EACH STUDENT: LEAVE ONE COPY W/OFFICE; RETAIN ORIGINAL FOR TRIP.						
<input checked="" type="checkbox"/> I HAVE HAD MY CURRENT CLASS LIST REVIEWED FOR HEALTH CONCERNS AND HAVE ANY NEEDED EMERGENCY ACTION PLANS.						
<input checked="" type="checkbox"/> I HAVE BEEN TRAINED BY THE SCHOOL NURSE TO ADMINISTER MEDICATIONS.						
<input checked="" type="checkbox"/> I HAVE A FIRST AID KIT FOR EVERY VEHICLE.						
<input checked="" type="checkbox"/> 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>[Signature]</i>		DATE 3/21/14	SCHOOL NURSE <i>[Signature]</i>		DATE 3/20/14	
ASSISTANT SUPERINTENDENT & SUPERINTENDENT APPROVALS REQUIRED FOR OVERNIGHTS AND/OR HIGH RISK TRIPS OR ACTIVITIES						
ASSISTANT SUPERINTENDENT		DATE	SUPERINTENDENT		DATE	
DATE OF BOARD APPROVAL (REQUIRED FOR OVERNIGHT)						