



2200 M Avenue | Anacortes, WA 98221 | Phone 360-503-1200 | Fax 360-503-1201 | www.asd103.org

Form No. 2320-F2

Field Trip Request Form

***AHS Staff: Follow the [AHS Field Trip Checklist](#) prior to filling out this form.**

Teacher/ Advisor Name: _____

Destination: _____

Trip Date(s) _____ Departure Time _____ Return Time _____

One Day Number of Students _____ (Attached student roster)

Overnight Is A Substitute Needed _____ Yes _____ No

Out of State

Multi-Dates: See Attached (attach list of dates, locations)

General Description of the field trip:

Does the trip involve:

Swimming/ Water activities

Animals

Wilderness/ Outdoor activities

If so, please review with the Superintendent's Office for Risk Management approval.

Course objective to which the trip applies:

Prior class work relevant to the trip:

Follow-up activities planned:

ASD Approved Chaperone(s) if needed (Recommended: 1 adult per 10 students)

Cost Estimates

Description	Estimate
Round Trip Mileage - \$2.16 per mile (bus) or \$.60 per mile (van)	
Meals	
Driver Costs (\$36.14/ hour)	
Lodging	
Other Travel Costs	
Substitute Costs Certificated = \$110 half day/ \$220 full day Classified = \$82 half day/ \$164 full day	
Total	

Account number/Bill to Information: _____

Do not proceed to [ASD Board Approval Form](#) or Traversa (Transportation) until approved.

Approval Process:

Department Chair/ Budget Authority Signature (if needed) _____ Date _____

Administrator/Designee Signature _____ Date _____

Once Approved:

Submit Transportation Request if necessary

Submit [Sack Lunch Request](#) if necessary (2320-F3)

Submit Trip Details & Student Roster to Nurse

Submit [overnight travel request to School Board](#) (required at least 30 days in advance of trip)