Port Townsend School District -- STUDENT TRAVEL
STUDENT TRAVEL AUTHORIZATION - TRANSPORTATION REQUEST

Due to Principal at least 14 days in advance of trip
(30 days in advance of overnight trip, to ensure board approval)

☐ Field Trip  ☐ ASB Activity  ☐ Other __________________________

Submitted by: ___________________________  Date of Request: ______
(teacher/advisor/coach)

For Class/Student Group: ___________________________
(include grade level)

Date(s) of trip(s): ___________________________  Departure time: ________ am/pm

Destination(s): ___________________________  Return time: ________ am/pm

Address ___________________________  City/State ___________________________  Zip Code ______
Contact name/Phone ___________________________

# of Students: ______  # of Adults: ______  Estimated Costs of Trip/Activity:

Funding Source: ___________________________  Transport: $________  Subs: $________

Charge to: ___________________________  Other: $________
Account Code ___________________________ (description of other costs)

FIELD TRIPS:

District Policy/Procedure #3220P: "Field trips are defined as travel away from school premises, under the supervision of a teacher, with an approved course of study, for the purpose of affording students a direct learning experience not available in the classroom."

Reason for trip (List educational purpose of the trip, objectives/activities planned): ___________________________

__________________________________________

How will students be transported?:  ☐ District Bus  ☐ District Van  ☐ Other ___________________________

Yes ☐ / No ☐ -- Substitute(s) required?  Yes____  How many? ______

Yes ☐ / No ☐ -- Sample itinerary and parent permission slip attached?

Yes ☐ / No ☐ -- Food Services notified?

DISTRICT TRANSPORTATION REQUEST:

☐ Bus Transport ______  ☐ District Van ______

# of Student in Wheelchairs: ______  *Ferry Required -- Yes ☐ / No ☐

Which Terminal?

Other Information:

*(WSDOT requests notification 72 hours in advance of all school travel by ferry - bus, van, or walk-on; must include estimated number of students under 90 lbs.)

Building Approval: ___________________________  District Approval (out-of-state &/or overnight trips)

(Principal) ___________________________  (Date) ___________________________
(Superintendent/Designee) ___________________________  (Date) ___________________________

Distribution -- Signed/Approved Copies to :  ☐ Requester,  ☐ Building Secretary,  ☐ District Office