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

DUE TO PRINCIPAL AT LEAST <u>14 DAYS IN ADVANCE</u> OF TRIP (30 DAYS IN ADVANCE OF OVERNIGHT TRIP, TO ENSURE BOARD APPROVAL)

🗖 Field Ti	rip	ASB Activity		Other	
Submitted by:	(teacher/advisor/coach)			_ Date of Reques	st:
School/Group (include Grade level):					
Date(s) of trip(s): # of Adults:					
School/Pick-up F	oint:			_ Departure time: _	am/pm
Destination(s): _				_ Return time:	am/pm
Address		City/State	Zip Code	Contact name	/Phone
Funding Source:	Description		Charge to GI Account Code:	E: <u>10 E 530</u>	007x
			Charge to AS Account Code:	6B: <u>40 E 530</u>	00_0000
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: D Bus Transport D District Van					
# of Student in Wheelchairs: *Ferry Required Yes / No					
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 Approv	al:		District A	pproval (out-of-stat	te &/or overnight trips)
(Principal)		(Date)	(Superintende	nt/Designee)	(Date)