Pajaro Valley Unified School District

FIELD TRIP AUTHORIZATION FORM

To be completed by teacher or advisor for any student group leaving campus. Must be emailed to pvusd_fieldtrip@pvusd.net at least 30 days prior to trip.

(1)	(2)	(3)	(4)	
School	Grade(s)	# of Sta	idents	# Miles-1 Way
(5)	(6)			
Destination	Purpose of Trip			
(7) Date Options.	And CIL		and on .	
1st Choice	_ Z nd Choice_		3 rd Choic	e
(8) GL#Account #				
DEPARTURE:		RETURN	J.	
			_	
(9) (10)		_ (11) Time	(12) Place	-
(13)	(14)	2	7 1400	
Adult in Charge	(14)	thod of Transportat	ion	
(15) If private cars are used, is volunteer driver information on file? Yes No (16) Signed Guardian permission slips on file? Yes No (17) Will students be away over night? Yes No (18) Out of State/Country Yes No (Contact Risk Management if Yes) (19) If (17) is yes, please give name, address and phone of location where staying:				
Telephone:			s? Yes [No
(21) Are prerequisites required (exams, waivers,	etc.)? Yes	No No
(22) Is there a requirement that of Yes No (Such as a certification)				
(23) Number of Chaperones bus while transporting any stude		names is REO	UIRED. An adı	alt must be present on the
(24) Has additional insurance be	en obtained?	Yes No	REMINDER:	
Signature: Teacher/Person in Charge	Date		Trips that include possible water	de Swimming, Wading or safety risks:
			Lifeguards: 1 pe	er 25 students;
Signature: Principal	Date		Chaperone Rati Grades K - 3: 1	o: see Regulation #6153
Signature: Assistant Superintendent	Date		Grades 4 - 6: 1	