

Wiggins Elementary Field Trip Planning Guide

Field Trip Location: _____ Date: _____ Time: _____

Sponsor in charge: _____ Cell number: _____

Number of students attending: _____ Number of school personnel: _____ Number of Chaperones: _____

Administrator Approval (Required before proceeding):

Principal

Date

Field Trip Checklist

1. _____ Notify office so field trip can be added to Master Calendar.
2. _____ Distribute information for trip 3 weeks in advance to include: Permission slip, date and time of trip, cost, items allowed, school lunch or lunch from home.
3. _____ Submit a field trip notification form to the office at least 2 weeks prior to trip, include number of school lunches needed.
4. _____ Complete a transportation request form and submit to the office 2 weeks in advance.
5. _____ Complete a requisition with the office for tickets, parking, meals etc.
6. _____ Check with office for medication/health needs of students prior to departure.
7. _____ Notify PE/Music teachers if your class will be absent during their scheduled music/PE times.
8. _____ File a list of all students who will be attending the trip with the office.
9. _____ Take your attendance before leaving in the morning.
10. _____ If return time is after the end of the school day, stay with students until everyone has been picked up.

***Please submit a copy of your transportation request form and your cafeteria notification form to the office at least 2 weeks prior to field trip. The office will forward the forms to the food service and transportation directors.**

Wiggins School District RE-50J

SCHOOL VEHICLE TRANSPORTATION REQUEST

Request must be submitted to transportation department at least two weeks prior to event.

Should the transportation department not have a vehicle available, you will be notified and asked to use your personal vehicle (this action then requires a Mileage Reimbursement request form completed by employee and submitted to your supervisor).

1. To Be Completed by District Employee

Date of Request: _____

Employee Name: _____

Purpose of Trip/Activity: _____

Sponsor in Charge: _____

Destination: _____

Date of Departure: _____ Number of Riders: _____

Departure Time: _____ Student Release Time: _____

Date of Return: _____ Return Time to School: _____

Comments (include special instructions -- special equipment to be transported)

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2. To Be Completed by Principal/Supervisor

Travel Approved: Yes _____ No _____

Principal/Supervisor Signature _____ Date _____

Superintendent Signature _____ Date _____

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3. To Be Completed by Transportation Department

Unit Assigned: _____ Driver Assigned: _____

Transportation Director Signature _____ Date _____

Wiggins Elementary School Field Trip Notification Form

Date of Field Trip_____

Teacher(s)_____

Number of Students attending_____

Please Select One:

___ **We will not need lunches from the cafeteria**

___ **We will need the cafeteria to provide sack lunches**

___ **Number of sack lunches needed**

Teachers: Please complete this form and return it to the office at least 2 weeks prior to scheduled departure.



Wiggins School District RE-50J

320 Chapman Street
Wiggins, CO 80654

Tax ID# 98-03378

PURCHASE ORDER

PO Number:

Date:

Account No:

Terms: NET 30

Vendor:

Ship to:

Qty	Product No./Description	Unit Price	Extended
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Approval:

SUBTOTAL:

Discounts:

Shipping:

Tax:

TOTAL DUE: