

**SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT**  
**Office of the Superintendent**  
**DISTRICT ACTIVITIES ONLY**

**REQUEST FOR FIELD TRIP**

School \_\_\_\_\_ Date \_\_\_\_\_

Requested by \_\_\_\_\_ Grade \_\_\_\_\_

Date of Departure \_\_\_\_\_ Time \_\_\_\_\_ Date of Return \_\_\_\_\_ Time \_\_\_\_\_

Destination \_\_\_\_\_

Number of Students going \_\_\_\_\_ Teacher in Charge \_\_\_\_\_

Other Teachers/Adults going \_\_\_\_\_

Funding Source for Transportation \_\_\_\_\_

Amount per Student \$ \_\_\_\_\_

**PURPOSE:** (Briefly outline the reasons for this request. If it is a convention of special event, list the name of the sponsoring organization. If money is to be raised, outline the type of fundraisers to be used. Attach additional information if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF FIELD TRIP:** (See reverse for definitions.)

1. Regular Class Field Trip (within regular school hours). *Approval-Principal.*
2. Special Field Trip. *Approved-Principal, Superintendent, Designee, Board of Education.*
3. Extended Day Field Trip (beyond regular school hours). *Approval-Principal.*
4. Out of State Or Foreign Travel Field Trip. *Approval-Principal, Superintendent/Designee, Board of Education.*

**APPROPRIATE APPROVAL SIGNATURES**

Principal \_\_\_\_\_ Date \_\_\_\_\_

Superintendent/ Designee \_\_\_\_\_ Date \_\_\_\_\_

Board of Education            Yes \_\_\_\_\_            No \_\_\_\_\_            Date \_\_\_\_\_

Fiscal Approval for Transportation \_\_\_\_\_ Date \_\_\_\_\_