

LIBERTY UNION HIGH SCHOOL DISTRICT OVERNIGHT FIELD TRIP/ATHLETIC EVENT FORM

ATTACHMENTS:
 Itinerary
 Registration Form

Site: _____

Organization, Team, etc.: _____

Destination of Trip: _____

Purpose of Trip: _____

Departure: Day: _____ Date: _____ Time: _____

Return: Day: _____ Date: _____ Time: _____

Number of School Days: _____

Staff Member in Charge: _____ Phone # _____

Number of Students Involved: _____ Number of Chaperones (1:15) _____

Chaperone Information:	Name	*ALL HR Clearances Yes/No	Contact Information: Cell	Email
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			
6.	_____			

Transportation Mode: BUS PRIVATE VEHICLE, if yes Proof of Insurance Driver's License

Lodging: _____ Location: _____ Telephone: _____

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Cost Paid By: Student \$ _____ LUHSD Organization \$ _____ Fundraiser \$ _____

Educational Value of Trip: _____

Type of Follow-up: _____

Applicant Name & Signature _____

Submission Date to Principal: _____

APPROVALS:

Principal's Signature/Date: _____

HR Signature/Date: _____ →

Board Meeting Date: _____

CHAPERONE CLEARANCES ON FILE:
TB-FINGERPRINTS-DRIVER'S LICENSE

1 2 3
 4 5 6