



NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION (To be completed by Teacher/Advisor)

School Utsalady Elem. Today's Date 10-31-23

Individuals/Group Involved 5th Grade Number of Students 63

Activity Outdoor Education Camp

Destination Camp Seymour

Departure Date March 4, 2024 Return Date March 6, 2024

Accommodations: Camp Seymour

Source of Revenue: WA Schools Grant, parent/student

Fundraising Activities Yes, Adrenaline Cookie Sales ^{payment}

Individual Student Cost \$ 239⁰⁰ Total Group Cost \$ 18,164⁰⁰

How was this activity/trip available to any interested and/or eligible student(s) Open to all 5th gr.

How was this trip promoted to all interested/eligible students? Parent meeting, email,

Will any student(s) be excluded from this trip due to the inability to pay? NO phone calls

Insurance (special coverages) _____

Purpose of Trip (include the educational value) _____

Outdoor education related to science

: SEL

Has this trip been previously taken? No If yes, when? _____

List of chaperones and students MUST be attached to this form. (Chaperones must be of each gender if students of each gender are attending.)

1. Additional information needed: _____
2. Insurance coverage to be arranged through the insurance office.
3. Parent permission and medical authorization forms go to the principal.
4. All district employees need to submit a travel request form.
5. Notify the school nurse.

Heather Millner _____
Signature of Initiator Signature of Building Principal

For Administration Use Only: _____

Board approval needed. Will be submitted on 11/7/23

Approved _____

Superintendent or Designee Signature _____ Date _____