

OROVILLE UNION HIGH SCHOOL DISTRICT
2211 WASHINGTON AVE
OROVILLE, CA 95966

REQUEST FOR FIELD TRIP

Please refer to BP 6153 for deadline to submit this form for approval. Do not take your students away from school without getting prior permission from the office. Parents or guardian permissions is required for all students.

Activity: _____

Date(s): _____ Hours: _____

Location: _____

Funding Source(s): _____

Teacher Responsible for Supervision/First Aid: _____

Name Students Attending Activity (attach list if large group): _____

Chaperones: _____

Pre-Trip Activities: _____

Trip Activities: _____

Post-Trip Activities: _____

Additional Information: _____

Permission Slip Completed for Each Student? Yes No

Transportation: School Bus* Van/Suburban* Charter Bus**

Employee Vehicle*** Volunteer Vehicle*** Rental Vehicle***

Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

Note: The principal's signature verifies that all district requirements for the field trip have been met.

*Submit appropriate form to the transportation department

**Company must be on board approved list

***Attach Employee/Volunteer Personal Vehicle Use Form