

Woodville Union School District ACADEMIC RELATED FIELD TRIP REQUEST FORM (LCAP) (Due by ____/____)

Event: Event Address:		Request Date:
Grade Span/Level:		Number of Classes Attending:
Number of Students:		Number of Adults Attending:
Requesting Teacher:		(Ed. Code: 10 students – 1 per adult)
	Academic Just	ification (REQUIRED)
Transportation: District Bus/District Vehi (Transportation Form)		Charter Bus Rate: X # of Days:
		(per mile) X # of Vehicles (per mile) X # of Cards TRANSPORTATION COST: \$
Lodging: Rate:	X # of Nights:	# of Rooms: LODGING COST: \$
Lunches: Eating at School	ıl:	Sack Lunches Needed:
	**Any food a	allergy(s) to be aware of:
Approval by Principal		Date Approved and Placed On Master Calendar
Approved by Superintendent		Date Submitted to District Office