

**FREMONT UNION HIGH SCHOOL DISTRICT  
REQUEST FOR FIELD TRIP APPROVAL**

School (Circle):    AE    C    F    H    L    MV                      Date: \_\_\_\_\_

Requested by: \_\_\_\_\_ Dept/Club: \_\_\_\_\_

Time of Departure: \_\_\_\_\_ Date: \_\_\_\_\_ Destination: \_\_\_\_\_

Purpose: \_\_\_\_\_

Check one:   Study/Course   Athletics   Club Activity   Categorical Aid Project

Number of Students Attending: \_\_\_\_\_ Transportation:   School Car \_\_\_\_\_ Common Carrier \_\_\_\_\_  
Private Vehicle(s) \_\_\_\_\_

Teacher in Charge: \_\_\_\_\_ Other Teachers/Adults Attending: \_\_\_\_\_

Total Days Involved: \_\_\_\_\_ Substitute(s) Needed: Yes \_\_\_\_\_ No \_\_\_\_\_ Number \_\_\_\_\_

Total School Days Involved: \_\_\_\_\_ Substitute(s) Dates: \_\_\_\_\_

Estimated Expenses: (Coding to be completed by Dept. Head/Principal/District Administrator)

	Amount	Fund/LS/LOC	Program Prime/Sub/User	Account Prime/Sub/CT	Student Body/Club
Meals	_____				
Lodging	_____				
Transportation	_____				
Admission/Fees	_____				
Substitutes(s)	_____				

**TYPE OF FIELD TRIP/APPROVAL:**

1.    Local - Within 100 miles one way (3 wks. in adv.)    4.    Out-of-Country (6 months in adv.)

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

AP Activities \_\_\_\_\_ Date \_\_\_\_\_ (packet distributed)

2.    Extended (overnight)

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

AP Activities \_\_\_\_\_ Date \_\_\_\_\_ (packet distributed)

3.    Out-of-State (one month in advance)

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

AP Activities \_\_\_\_\_ Date \_\_\_\_\_ (packet distributed)

Associate Supt. - Business Services \_\_\_\_\_

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

AP Activities \_\_\_\_\_ Date \_\_\_\_\_ (packet distributed)

Board of Trustees \_\_\_\_\_ Date \_\_\_\_\_

Associate Supt. - Bus. Serv. \_\_\_\_\_ Date \_\_\_\_\_

Distribution:   White:    Principal  
                    Yellow:   AP Activities  
                    Pink:    Assoc.Supt.-Business

FORM 6132.1 (REV. 1/95)