

**Beverly Hills Unified School District**  
**Field Trip Request Form**

Please complete the following form. For one-day trips, requests must be submitted to the principal at least 60 calendar days from the date of the proposed event. For overnight trips, requests must be submitted to the principal at least 90 calendar days from the date of the proposed event.

NAME OF REQUESTOR	TITLE/POSITION	SCHOOL	
CELL PHONE NUMBER	EMAIL ADDRESS		
NAME OF EVENT	NAME OF LOCATION	EVENT DATE	ALTERNATE DATE
LOCATION ADDRESS (STREET NUMBER, CITY, STATE)			
TRIP TYPE <input type="checkbox"/> During school hours <input type="checkbox"/> During non-school hours <input type="checkbox"/> Extended day <input type="checkbox"/> Overnight (requires Board approval)			
METHOD OF TRANSPORTATION <i>(Check all that apply)</i> <input type="checkbox"/> Walking <input type="checkbox"/> Charter bus <input type="checkbox"/> Train <input type="checkbox"/> Boat/Ship <input type="checkbox"/> Airplane <input type="checkbox"/> Other:			
SCHOOL DEPARTURE TIME	EVENT DEPARTURE TIME	SCHOOL ARRIVAL TIME	
ESTIMATED NUMBER OF PARTICIPANTS	ESTIMATED TOTAL COST <input type="checkbox"/> No-cost trip	FUNDING SOURCE <input type="checkbox"/> None required	
Students: _____	Entrance fees: \$ _____	<input type="checkbox"/> School/District	
Certificated Staff: _____	Transportation: \$ _____	<input type="checkbox"/> Parent organization	
Classified Staff: _____	Meals: \$ _____	<input type="checkbox"/> Student organization	
Chaperones: _____	Lodging: \$ _____	<input type="checkbox"/> Other: _____	

Education purpose of the trip? Attach itinerary of activities and estimated duration.

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Potential hazards?    ☐ No    ☐ Yes \_\_\_\_\_

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Supplies and/or equipment needed for the trip?    ☐ No    ☐ Yes \_\_\_\_\_

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Classroom coverage needed?    ☐ No    ☐ Yes    District Funding Source \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Approval Process</b>	
Date request received: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Principal's Signature: _____
For overnight trips, Superintendent's review date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Asst. Superintendent, Educational Services Signature _____
Board action date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Reason(s) for denial: _____	