

Field Trip Request Form

REQUEST FORMS WILL NOT BE ACCEPTED UNLESS CURRENT ACTIVITY RELEASE FORM IS ON FILE

INCOMPLETE FORMS WILL NOT BE ACCEPTED

Send Request Form to address listed on fieldtrip flier

Parent Contact Information:

Name of Activity _____	Name _____
Date of Activity _____	Address _____
	_____, CA _____
	Phone: () _____
	E-mail: _____

Name of Participants First and Last Name Please include all child AND adult participants	Age of Students (Write "P" for Parent/Adult Chaperone)	EU Authorization DCS allows the use of student educational funds for activity admission to organized fieldtrips. Chosen fieldtrips should correspond with an area of study within the student's Personalized Learning Plan and be documented on the student's Learning Record. Pre and post trip activities will be provided by the school. *Authorization is subject to available balance	Activity Fee Per Student \$ Check the Box if requesting use of EU's.	Activity Fee Per Adult Or Sibling
1.		Facilitator Name:	<input type="checkbox"/>	
2.		Facilitator Name:	<input type="checkbox"/>	
3.		Facilitator Name:	<input type="checkbox"/>	
4.		Facilitator Name:	<input type="checkbox"/>	
5.		Facilitator Name:	<input type="checkbox"/>	
6.		Facilitator Name:	<input type="checkbox"/>	

Please see fieldtrip procedures page for cancellation policy

Reservations are subject to availability. Payment does not guarantee admittance.

If your request cannot be granted, you will be contacted by phone or e-mail.

For Office Use Only: Request Confirmed: E-Mail Mail Phone

Activity Release Form received Comments: _____