

**ALBUQUERQUE PUBLIC SCHOOLS (APS)
REQUEST FOR FIELD TRIP OR SPECIAL**

In District Field Trip-Submit 5 days prior to trip

Out of District Field Trip-Submit 10 days prior to trip

School: _____ Date(s) of Trip: _____ Time: _____

Destination: _____ Mode of Transportation: _____

Please note: Schools are responsible for making all transportation arrangements.

Teacher/Sponsor: _____ Phone #: _____

Grade level: _____ Number of students attending: _____ Number of adults attending: _____

Minimum requirements:

- Elementary school (K-5) one chaperone for every 7 students
- Middle school (6-8) one chaperone for every 10 students
- High school (9-12) one chaperone for every 15 students

Over night field trip requirements: Chaperones may only chaperone students of the same sex. Students may only room with students of the same sex.

Purpose/Instructional Standard: _____

What provision will be made for lunch: _____

The cafeteria manager has been notified for lunch plans? Yes or No

What provisions will be made for getting students home if returning after school hours? _____

I certify that this trip is not promoted by a commercial interest for profit and that no sponsor or chaperone is receiving any form of compensation, payment or reward from any outside interest, firm or organization.

Submitted by: _____ Date: _____

Approved by Principal: _____ Date: _____

Approved by appropriate Supt. Or Designee _____ Date: _____
(Required on all out of district activity or field trips)

Please complete the following after receiving field trip approval:

Form INS-72E is completed for each private vehicle transporting students. Yes No

Written permission from parents has been obtained. (Form APS-49) Yes No

Activity Trip Insurance (required on non-education and high-risk activities) has been purchased. Contact Risk Management for information and cost per student. Yes No

Trip financed by:

_____ District funds _____ School budget or Activity Funds _____ Other: _____

Amount: \$ _____ Cost account _____ Requisition #: _____
(If required) (If required)

Approved by Control Agent _____ Date: _____

White-Originator after approval by appropriate Supt. or designee
Green-Transportation Department
Golden Rod-Originator

Pink-Risk Management Department
Yellow-Control Agent (if required)