

**ALBUQUERQUE PUBLIC SCHOOLS**  
**REQUEST FOR FIELD TRIP OR SPECIAL ACTIVITIES TRIP**

**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. (No vans with 8 passengers or more)

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**

**Students with disabilities may require additional chaperones, as well as special accommodations.**

Purpose/Instructional Standard: \_\_\_\_\_

What provisions will be made for lunch? \_\_\_\_\_

The cafeteria manager has been notified of 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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Teacher/Sponsor)

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
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Written permission from parents has been obtained. (Form APS-49)	YES	NO
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Activity Trip Insurance (required on non-educational and high-risk activities) has been purchased. Contact Risk Management for information and cost per student.	YES	NO
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**Trip financed by:**  
 \_\_\_\_\_ District funds \_\_\_\_\_ School budget or Activity Funds \_\_\_\_\_ Other: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Cost Account \_\_\_\_\_ Requisition# \_\_\_\_\_  
 (If required) (If required)

Approved by Control Agent \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**AD-14**

**White** Returned to Originator after Approval by Appropriate Supt. or designee **Pink** to Risk Management  
**Green** to Transportation Office **Yellow** to Control Agent if required **Golden Rod** to be retained by Originator

AD14

**Revised 12/2005**