Lummi Nation School

Field Trip Procedure Check List

Please follow the steps below and submit your complete request **four weeks prior** to your field trip date. All items listed are required for approval.

_____ 1. A numbered list of students and chaperones who will attend this field trip.

_____ 2. A flyer for the trip OR a copy of the permission slip to be sent home.

_____ 3. A fully completed Field Trip Request form: see page two.

_____ 4. Required approvals: see page three.

_____ 5. Check with Special Education regarding any required student accommodations.

_____ 6. Check with Elisia Gaona regarding necessary POs.

_____ 7. Review the School Nurse's approval for any student health conditions and care instructions while off campus.

_____ 8. Meet with J. Besola, Office A-204, to review your Field Trip Request form before requesting Dr. Leighton's **Lead Principal approval**. *Note: Your trip will not occur without the Lead Principal signature.*

_____ 9. After Dr. Leighton's approval, email Darren Jones your trip details (date, departure/return time, location, etc.) for the school calendar and newsletter.

_____ 10. Route a copy of completed form to Marlaneh Jefferson at the LNS front desk. The approved form will be scanned and shared with all involved. The original will be kept at the front desk.

Field Trip Reminders – Please Read Carefully:

- **Transportation Requirements**
  All LNS field trips must use school transportation (bus and driver), regardless of the number of students or chaperones attending. School vehicles (Expeditions/Suburbans/cars) may only be used if a written request is submitted by Dr. Leighton and approved in advance.

- **School Nurse Approval**
  The School Nurse's signature is required on your Field Trip Request form, even if none of your students have known health concerns. This step ensures full medical awareness and preparedness for every trip.

- **Student Attendance List**
  On the day of the trip, you must provide the LNS front desk **and** the kitchen with an accurate list of students who are attending. This is essential for safety and emergency accountability while students are off campus.

LUMMI NATION SCHOOL K-12
FIELD TRIP REQUEST FORM

****this form must be completed <u>four weeks prior</u> to departure date****

Today's Date: _____ Name(s) of LNS Staff Requesting Field Trip:_____

<u>Required Field Trip Details and Information</u> – all requested information must be provided.

Objectives of field trip (relation to unit of study. Attach documents if necessary):

_____
_____
_____
_____
_____

Please list field trip activities:

_____
_____
_____
_____
_____

Please list follow up activities:

_____
_____
_____
_____
_____

Destination/Event Location: _____

Trip Information: Preferred Date(s) _____ Alternate Date(s) _____

Times: Leave School _____ Leave Destination _____ School Arrival _____

How many *students: _____ How many chaperones: _____
*attach list of students potentially attending

Grade of students:_____ Do you need lunches? **YES / <u>NO</u>**

Will you need a substitute for this day? (Circle one) **<u>YES</u> / NO**

CELL PHONE NUMBER (DAY OF TRIP CONTACT INFO):

Name: _____

Phone Number: _____

Required Department Approvals: Obtain the signature from each person listed below.

TRANSPORTATION DEPARTMENT

Can Transportation accommodate this trip? (circle one) **YES / NO**
You will receive an email once Transportation approves your bus and your trip is added to the Field Trip Master Schedule.

Daphne Howard Signature: _____ Date:_____

FOOD SERVICE DEPARTMENT

Can the Kitchen accommodate this trip and provide lunches? (circle one) **YES / NO**

Christal Wilbur Signature: _____ Date:_____

NURSE, STUDENT SERVICES DEPARTMENT:

Are there students attending this trip with medical conditions? (circle one) **YES / NO**

If yes, please attach a list of the student(s) along with any specific health care instructions and/or details about medications.

School Nurse Signature: _____ Date _____

CURRICULUM DEPARTMENT
Ensure field trip schedule does not impact school testing and assessment schedule.

Dr. K. Brossard Signature: _____ Date _____

TEACHING AND LEARNING DEPARTMENT
Review and finalize documents before submitting field trip documents for approval.

Julia Besola Signature: _____ Date _____

Final Approval and Authorization

LEAD PRINCIPAL (required for final approval of this field trip)

Dr. Heather Leighton Signature: _____ Date _____