

FIFI D TRIP PARTICIPANTS

## Creston School District No. 073

485 Southeast E Street Creston, WA 99117

<u>Voice</u>: (509) 636-2721 <u>Fax</u>: (509) 636-2910 <u>Net</u>: www.creston.wednet.edu

## FIELD TRIP REQUEST FORM

Staff Supervisor(s)	
Class or Group:	
Additional adult chaperons (1 per 15 stude	ents): (list students on the reverse if other than group identified)
PURPOSE	
	xperience?
TRANSPORTATION	
Transportation to be requested?	No Estimated cost:
Source of funding:	Budgeted Field Trip?
<u>ITINERARY</u>	
Departure date/time:	Return date/time:
Trip Plan:	
Is there any time during the proposed iting If so please explain:	erary that the students would not be directly supervised?
SIGNATURES	
Requesting Staff D	Pate Superintendent/Principal Approval Date
Distribute to: School Nurse Transporta	ution Food Services Grounds/Custodial/Facilities

Creston School District No. 073 does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination: Dr. William J. Wadlington, Superintendent/Principal at 485 Southeast E Street, Creston, WA 99117. Telephone: 509-636-2721. Email: <a href="www.wwdlington@creston.wednet.edu">www.wwdlington@creston.wednet.edu</a>.

## Participating Students

#	Student Name	Notes
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Use an additional page if necessary.