Pursuant to Bellingham Public Schools policy 2320, form for approval must be completed for all student and ASB non-WIAA, school day, out-of-local area, overnight trips, out-of-state and out-of-country travel including summer travel, etc. Completed form required 2-4 weeks prior to trip, unless for an out-of-state, overnight trip of more than one night, and/or trips that involve fundraising. Then form 2320F-2 must be submitted first.

☐ Approval in Concept has been given through Form 2320F-2 for out-of-state, multi-night trips, and/or trips that involve fundraising.

**STUDENT TRIP REQUEST AND APPROVAL FORM**

TRIP INFORMATION

Event: ____________________________________________  School: __________________________________________

Date Submitted to Principal: ______________________  Teacher/Coach/Advisor: ____________________________

Grade or Group: ________________________________  Destination: ________________________________

Trip Dates: ____________________________  # of Students: __________  # of Chaperones: __________

Estimated Cost:

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>$____</td>
</tr>
<tr>
<td>Lodging</td>
<td>$____</td>
</tr>
<tr>
<td>Transportation</td>
<td>$____</td>
</tr>
<tr>
<td>Other</td>
<td>$____</td>
</tr>
<tr>
<td><strong>TOTAL COST</strong></td>
<td>$____</td>
</tr>
</tbody>
</table>

Fund Source (check all that apply):

☐ Bldg  ☐ Grant
☐ ASB  ☐ Family/Student Contribution
☐ PTA  ☐ Other (explain)__________________________
☐ Fundraising (describe) ________________________

Other Required Information

☐ Parent permission form  ☐ BPS Chaperones (21 and older/ratio of 1:10)
☐ Fingerprinting necessary/verified  ☐ Emergency Medication/Health Plan verified
☐ 1st Aid/CPR trained (requires one for overnight and out of country travel)
☐ Transportation: ☐ Walk ☐ School Bus ☐ Private/District Vehicle (complete form 2320F-4)
☐ Privately Owned Boat (further requirements per 2320P) ☐ Other ________________________

Note: Out-of-country travel may require additional insurance. Please contact Risk Management.

_________________________________________ Date: __________  __________________________________________ Date: __________

Teacher/Coach/Advisor  Student ASB Treasurer (ASB travel only)

Approved by:

_________________________________________ Date: __________

Principal

Principal forwards to Deputy Superintendent Office for all overnight, out-of-state and out-of-country trips. For school day trips, principal keeps form and notifies teacher of approval.

_________________________________________ Date: __________ (required for overnight, out-of-state and out-of-country travel)

Assistant Superintendent, Dept. of Teaching and Learning

_________________________________________ Date: __________ (required for overnight, out-of-state and out-of-country travel)

Superintendent

**Copies of fully approved form to Teacher/Coach/Advisor, Principal, Risk Management and ASB Bookkeeper**