



NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION (To be completed by Teacher/Advisor)

School Stanwood High School Today's Date 10/10/2022

Individuals/Group Involved _____ Number of Students 5

Activity FFA Floriculture CDE

Destination Castle Rock High School

Departure Date 11/04/2022 Return Date 11/05/2022

Accommodations: Mount St. Helen's Motel

Source of Revenue: Plant Sale

Fundraising Activities Plant Sale

Individual Student Cost -\$0- Total Group Cost 500.00

How was this activity/trip available to any interested and/or eligible student(s) Attended practice

How was this trip promoted to all interested/eligible students? Discussed in classes and at the practices held

Will any student(s) be excluded from this trip due to the inability to pay? NO

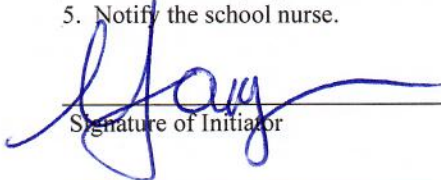
Insurance (special coverages) _____

Purpose of Trip (include the educational value) FFA Floriculture CDE Judging and Leadership

Has this trip been previously taken? yes If yes, when? Pre Covid

List of chaperones and students MUST be attached to this form. (Chaperones must be of each gender if students of each gender are attending.)

1. Additional information needed: _____
2. Insurance coverage to be arranged through the insurance office.
3. Parent permission and medical authorization forms go to the principal.
4. All district employees need to submit a travel request form.
5. Notify the school nurse.



Signature of Initiator



Signature of Building Principal

For Administration Use Only:

Board approval needed. Will be submitted on _____
Approved

Superintendent or Designee Signature Date