

TO BE COMPLETED BY PRINCIPAL OR PRINCIPAL'S DESIGNEE



MULTI-SCHOOL FIELD TRIP REQUEST

Students from your school are participating in a multi school, multi student field trip on the date(s), time(s) and for the purpose indicated below.

TRIP SPONSOR/ORGANIZATION: _____

DESTINATION: _____

DATE(S) AND TIME(S) OF EVENT/PURPOSE: _____

Approved

NOT approved

Concerns:

My signature is necessary to begin the evaluation process. No request is approved until all documentation has been received and approved by LAUSD Division of Risk Management & Insurance Services (DRMIS).

School: _____

Principal's Signature (or designee): _____ Date: _____

Name/Title: _____
(PLEASE PRINT)

School Phone-Direct Line: _____ Email: _____

Should you have any questions, please contact (ORGANIZER) at _____ and ask for _____.

PLEASE FAX COMPLETED/SIGNED FORM TO: (213) 241- 8956

or email to teresa.a.webster@lausd.net