



**ADMINISTRATIVE REGULATION  
EXHIBIT**

**E 6153 (B)**

**FIELD TRIP INFORMATION/SUPERVISORY PLAN  
FOR EDUCATIONAL/ATHLETIC OVERNIGHT EVENTS**

Date of this request: \_\_\_\_\_ Request submitted by: \_\_\_\_\_ Site: \_\_\_\_\_  
The following written information has been reviewed and approved for Governing Board consideration by:

\_\_\_\_\_  
**Principal** **Date**

Name of the event: \_\_\_\_\_ Dates of the Event: \_\_\_\_\_  
Educational purpose for participating in this event: \_\_\_\_\_

Location: \_\_\_\_\_ Lodging: \_\_\_\_\_  
Name City, State

Total Number of Students: \_\_\_\_\_ Grade Levels: \_\_\_\_\_ Total Number of Chaperones: \_\_\_\_\_  
(Boys \_\_\_\_\_ Girls \_\_\_\_\_) (Male \_\_\_\_\_ Female \_\_\_\_\_)  
*(Ratio: 1 adult chaperone - 15 students or minimum of 2 adult chaperones if under 15 students)*

No. of Rooms: \_\_\_\_\_ No. of students per room: \_\_\_\_\_ Are the students' rooms connected? Yes \_\_\_\_\_ No \_\_\_\_\_

Are the chaperones' rooms connected to the students' rooms? Yes \_\_\_\_\_ No \_\_\_\_\_, if no, please explain.

Will chaperones always accompany students in vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_. If no, please explain.

Will the students, at any time, be unchaperoned? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain.

Name of TVUSD staff member accountable for this field trip: \_\_\_\_\_  
Contact Phone No. \_\_\_\_\_

The chaperones responsibilities (be specific) \_\_\_\_\_

The names and positions of ALL chaperones: (PLEASE PRINT) \_\_\_\_\_

Signatures of each adult chaperone \_\_\_\_\_  
(REQUIRED) \_\_\_\_\_

**THIS COMPLETED FORM MUST BE SUBMITTED WITH GOVERNING BOARD AGENDA REQUESTS.**

Complete the following funding information: The **TOTAL** cost of this trip is \$ \_\_\_\_\_  
Funding sources and the **amounts allocated for each** are: \_\_\_\_\_