

**Berkeley Adult School**  
**FIELD TRIP REQUEST FORM**

Teacher(s) completing field trip request: \_\_\_\_\_

Class(es) attending field trip: \_\_\_\_\_

Date field trip request submitted to administrator responsible for that dept.: \_\_\_\_\_

(\* Requests must be submitted 10 days prior to field trip date)

Destination: \_\_\_\_\_

Day of week	Date of trip	Departure place/time	Arrival time at site
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Estimated departure time from site \_\_\_\_\_

Explain how field trip meets specific course level objectives from course outline:

\_\_\_\_\_

Describe related instruction prior to field trip:

\_\_\_\_\_

Describe follow-up instruction after field trip:

\_\_\_\_\_

Recent average daily class attendance: \_\_\_\_\_

Approximate number of students participating in field trip: \_\_\_\_\_ (must complete p.2 for each student)

(80% or more of the class must indicate interest in attending a field trip for it to be approved.)  all waivers attached (check box)

Plan for students not attending field trip:

\_\_\_\_\_ Name of teacher one level above or below my level who will accept students not attending field trip

Mode of transportation: \_\_\_ walk

\_\_\_ public transportation (bus, Bart, other: \_\_\_\_\_)

\_\_\_ personal car(s); \_\_\_ drivers have submitted proof of valid insurance; \_\_\_ evidence of sufficient number of cars to transport number of students attending

(Administration discourages use of personal cars due to personal liability incurred by drivers.)

Approximate cost of field trip per student: \_\_\_\_\_

Teacher's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administration will not approve more than 3 field trips per semester, including end of semester/year activities.



**Berkeley Adult School  
Fieldtrip/Activity  
Student Waiver Form**

**Date:** \_\_\_\_\_

I understand that on this field trip I have to do what the teacher says. If I don't follow the rules and instructions, I cannot go on this field trip.

I understand that I am responsible (it is MY problem) if I get sick or hurt on this field trip. I will not file a claim against (take to court) the Berkeley School District or the Berkeley Adult School if I get sick or hurt on this field trip.

I sign this paper on my own and I understand what I am signing.

Print your name \_\_\_\_\_

Sign your name \_\_\_\_\_

Name of emergency contact person \_\_\_\_\_

Phone number of emergency contact \_\_\_\_\_

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