

MARK R. ISFELD SECONDARY SCHOOL



Field Trip Checklist

TO BE RETURNED TO THE OFFICE BEFORE DEPARTURE

Sponsor Teacher: _____ Other Teachers: _____

Date of Trip: _____ Place: _____

Time of Trip: Leave: _____ Return: _____

Name of Class/Group Team: _____ # of students

_____ List of Students (attached)

_____ List posted in Staffroom

Cell Phone: _____

Forms:

_____ Leave of Absence completed in AMS and approved

_____ All Field Trip and Consent Forms completed and signed by parents/student & principal

_____ Money need to be collected (to Alannah) _____ Cheque requisition for trip

_____ Ferry?: Letter to BC Ferry Corporation for \$ discount

_____ Parents driving?: Copy of Car Insurance & Driver's License on file, Driver's Abstract (to obtain call 1-800-950- 1498, Press "1" when prompted and request abstract faxed to 250-334-0659) and completed Volunteer Driver Form – see over

_____ Bus Reservation

_____ Excused Absences List to office for attendance purposes

Dated: _____

Over for more important information.....

#	Driver's Name	Copy of Driver's Abstract on File	Copy of Driver's Insurance on File	Copy of Driver's License on File	Volunteer Driver Form on File
1.					
2.					
3.					
4.					
5.					
6.					

Passenger List

#	Driver #1	Driver #2	Driver #3	Driver #4	Driver #5	Driver #6
1.						
2.						
3.						
4.						
5.						
6.						