

**GRIDLEY UNIFIED SCHOOL DISTRICT
429 Magnolia Street
Gridley, CA 95948**

**OVER NIGHT / OUT OF STATE
CONFERENCE / FIELD TRIP REQUEST**

Date: _____

Teacher/Advisor: _____

Event: _____

Destination: _____

Date(s) of event: _____

Number of students / adults attending event: _____

Funding Source: _____

Transportation: _____

Learning goals toward course standards: _____

Requested by

Principal and/or Assistant Principal

Board approved: _____

Date

Board of Trustees

*A request must be submitted to the Board at least one month prior to the date of the conference.

