

WA State GEAR UP Field Trip Participation Form



Staff Name:		School Name:	
Field Trip Location:		Date of Field Trip:	
Field Trip Activity Type: <input type="checkbox"/> College Visit <input type="checkbox"/> Job Site Visit <input type="checkbox"/> Educational Field Trip			
Field Trip Approval Form Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Time Spent on Location: _____ to _____		Service Type: <input type="checkbox"/> Group Support <input type="checkbox"/> 1:1 Support	

	Student Name (Printed)	Student Signature (Required)	Grade Level
1.			
2.			
3.			
4.			
5.			
6.			
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8.			
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15.			
16.			
17.			
18.			
19.			
20.			

I certify that the above students participated in this activity.

GU Advisor Signature _____

Date _____