



Sequim School District No. 323
 "Engage Empower Thrive"
 503 North Sequim Ave, Sequim, WA 98382
 Telephone: (360) 582-3260, FAX: (360) 683-6303
 www.sequimschools.org

Date: _____
Date of Travel

Washington State Ferries:

Please accept this document as eligibility proof that _____
Name of School/Home School (authorized school)

is traveling from _____ to _____ for a school group
Terminal Terminal
 institution-sponsored activity on _____ on the _____ sailing.
Travel Date Time of Sailing

This group is traveling to _____ with
Institution-Sponsored Activity
 _____ students and _____ advisors/school staff in my specific vehicle/bus,
Number Number
 or walk-on group. The contact person for this trip is _____
Name

Title and Phone Number of contact at school

Please apply the special school rate for this field trip.

Sincerely,

Name(Printed): _____

Position: _____

Contact Phone Number: _____ Email: _____

Signature: _____
(Original signature required, no copies) (Date)

To receive the reduced school group fare, each vehicle traveling with the school group must present an authorization letter to the ticket agent when purchasing fares. Letters provided by the district after the time of travel are not accepted for refunds.

Home School groups must also present a copy of the Declaration of Intent filed with the appropriate school district.