**(Submit 3 Weeks Prior to Trip Date)**

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| TRIP NAME: Grade(s) SCHOOL NAME:  **\*** ACTIVITY: | |
| Account/Billing/Budget Code: (must be completed) | |
| OVERNIGHT TRIP **(Requires Board Approval)**  **\*** Depart Date: Time:  **\*** Return Date: Time:  **\*** Destination:  \* Contact: \* Phone: Notes:  *(Example: lunch stop, special equipment, additional stops, etc.)* | |
| **Destination Address**  \* Street:  \* City: \* State: \* Zip: | |
| **Departure**  Depart from School (Location): Notes/Directions: | |
| **Trip Details** District Bus Charter Bus Other  **\*** Number of Students: \* Number Adults:  **\*** Number of Wheel Chairs: \* Number of Vehicles:  **\*** Estimated Miles: \* Additional Costs(subs, etc.):  \* Estimated Hours: **\***Estimated Total Cost to District:  \* Names of Chaperones:  \*Type of educational activity students will participate in: | |
| Date of Request:  Teacher Signature: | Date: Approved Disapproved  Building Principal: |

INSTRUCTIONS

1. All ***Field Trip Request Forms*** must be submitted to your Principal’s office at least  **THREE** weeks prior to the date of the trip. Overnight trips for students must be Board approved and will require additional time.

2. Use current school-year rates when completing the section “Estimated Cost.” Complete the areas for “Account/Billing/Budget Code.” If this information is not known, seek assistance through your Principal’s office.

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| **Current Rates** | |
| **Hourly Rate:** | **$ 42.96** |
| **Mileage:** | **$ 1.12 /mile** |
| **Substitute** | **$150.00 per day** |

3. Submit clear and accurate directions to the trip’s destination(s).

4. Obtain Administrative approval for meal stops.

5. Confirm your trip’s approval ONE week prior to the date of the trip.

Verify this information through Transfinder and/or your Principal’s office first. If unable to obtain confirmation, contact the office of the Assistant Superintendent for Curriculum and Instruction (Ext. 10131).

6. Submit a list of students attending the trip along with phone numbers, homeroom numbers, and \*chaperone names to your Principal’s office and Attendance office prior to the trip.

\* If a district employee is selected who has a child attending the trip, the district employee must utilize a personal, sick or vacation day (if applicable). School business cannot be utilized.

7. Provide the driver with a roster of students and chaperones prior to departure.

8. Complete ALL sections of this form (including S*ignature* and *Date of*

*Request*) in a NEAT and LEGIBLE manner.