Field Trip Request Form (Submit 3 Weeks Prior to Trip Date)

Trip Name: Click here to enter text		Grade(s) Click here to enter text.		
School Name: Click here to enter text.				
Activity: Click here to enter text.				
Account Billing/Budget Code: Click here to enter text.				
□ Overnight Trip (Requires Board Action)				
Depart Date: Click here to enter a date.		Time: Click here to enter text.		
Return Date: Click here to enter a date.		Time: Click here to enter text.		
Destination: Click here to enter text.				
Contact: Click here to enter text.				
Notes: Click here to enter text.				
(Example: lunch stop, special equipment, add'l stops, etc.)				
Destination Address				
Street: Click here to enter text.				
City: Click here to enter text. State: Clic	State: Click here to enter text. Zip Click here to enter text.			
Departure				
Depart from School (Location): Click here to enter text.				
Notes/Directions: Click here to enter text.				
Trip Details □ District Bus □ Charter Bus □ Other				
Number of Students: Click here to enter text.			ick here to enter text.	
Number of Wheel Chairs: Click here to enter text.		Number of Vehicles: Click here to enter text.		
Estimated Miles: Click here to enter text.		Add'l Costs (subs, regis, etc.): \$ Click here to enter text.		
Estimated Hours: Click here to enter text.		Estimated Total cost to District: \$ Click here to enter text.		
		Estimated Total cost to District. 9 click here to effer text.		
Names of Chaperones: Click here to enter text.				
Type of educational activity students will participate in: Click here to enter text.				
	- (Paragraph Olithian and American Amer			
Date of Request: Click here to enter a date.	_	Date:ApprovedDisapproved		
Teacher Signature: Building Principal Signature:				

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- 1. All *Field Trip Request Forms* must be submitted to your Principal's office at least <u>THREE</u> 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.

Current Rates		
Hourly Rate:	\$ 41.27	
Mileage:	\$ 1.06 /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 <u>ONE</u> 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 <u>Curriculum and Instruction</u> (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.
- 7. Provide the driver with a roster of students and chaperones prior to departure.
- 8. Complete <u>ALL</u> sections of this form (including Signature and Date of Request) in a NEAT and LEGIBLE manner.