



REQUEST FOR SCHOOL TRIP

Date: _____

Grade/Group Making Request: _____

Chaperones Attending: _____, _____

_____, _____

_____, _____

*Please indicate persons not a usual part of this grade/group

Explain: _____

Destination: _____

ITINERARY (Please Attach in Detail) Date Leave: _____ Date Return: _____

Purpose: _____

Transportation: _____

(Attach Request Form if County Buses)

1. Name of County Bus Driver: _____

2. Chartered Bus Company

a) Name: _____

b) Cost: _____

How Funded: _____

Number of students in grade group: _____ Number Attending: _____

Cost Analysis: Cost of trip tickets: _____ Mileage x _____

Driver x _____ Lodging _____ Meals _____

Other _____

*Cost for mileage and bus driver adjusted annually.

TOTAL COST OF TRIP: _____ (Divided by the number of students, deduct 5-10 for non-payment/absentees)

Cost per student _____

Cost to school system _____

*Student learning activities attached.



EXCELSIOR BUILT ON TRADITION

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