

FIELD TRIP REQUEST FORM

Please submit the completed form to the principal at least \_\_\_\_four weeks prior to a day field trip or \_\_\_\_eight weeks prior to an overnight field trip. Parents must be informed if private vehicles are to be used for the field trip.

Teacher(s) Requesting Field Trip: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Number of Students: \_\_\_\_\_

Destination: \_\_\_\_\_

Field Trip Information: Preferred date(s) \_\_\_\_\_ Alternate Date(s) \_\_\_\_\_

Times: Leave School \_\_\_\_\_ Leave Destination \_\_\_\_\_ School Arrival \_\_\_\_\_

Please check the preferred mode of transportation and related costs:  
(please refer to the annual emails sent from the business office regarding current IRS mileage and field trip rates)

\_\_\_\_\_ Bus @ \$\_\_\_\_ a mile # of miles \_\_\_\_\_ estimated cost \_\_\_\_\_

Bus driver \$\_\_\_\_/hour

(\$\_\_\_\_ overtime) # of hours \_\_\_\_\_ estimated cost \_\_\_\_\_

\_\_\_\_\_ District vehicles

@ \$\_\_\_\_ a mile # of vehicles \_\_\_\_\_ estimated cost \_\_\_\_\_

\_\_\_\_\_ Private vehicles  
**Total Field Trip Costs** \_\_\_\_\_

No. of volunteers needed for trip \_\_\_\_\_ Student Costs (i.e., entry fees): \_\_\_\_\_

Consideration/ planning given to students with 504 plans or individual health plans. (e.g., nursing treatments, medication administration, additional supervision, special diets, ADA)

Objectives of Field Trip (relation to unit of study):

\_\_\_\_\_  
\_\_\_\_\_

Match with District Curriculum Objectives:

\_\_\_\_\_  
\_\_\_\_\_

Please list field trip activities:

\_\_\_\_\_  
\_\_\_\_\_

Please list follow-up activities:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ Approved \_\_\_\_\_  
\_\_\_\_\_ Not Approved or Modified \_\_\_\_\_ Building Principal

Reason \_\_\_\_\_