

Field Trip Request Form

This form is to be used by the staff when requesting permission to take a field trip. The completed form is to be submitted to the Superintendent one (1) week in advance of the next scheduled meeting of the Board. Complete pertinent information on next page.

Destination _____

Date(s) of Trip _____ Time of Departure _____ *Time of Return _____

Approximate Mileage (one way) _____

Approximate Number of Students _____ Approximate Number of Adults _____

Number of Buses Required _____ Method of Transportation (if not school bus) _____

Will you stop for lunch? YES NO If "Yes", where? _____

TEACHER IS RESPONSIBLE FOR NOTIFYING CAFETERIA OF DETAILED LUNCH PLAN.

Number of Instructional Days lost _____ Justification: What is to be learned? _____

How will the experience be used and evaluated? _____

Names of chaperones (if applicable) _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? YES NO

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TRIP INFORMATION

Financial Costs		Method of Payment	
Mileage (estimate) \$	_____	Student Payment	_____
Driver (estimate) \$	_____	School Activity Account	_____
Hotel	\$ _____	Athletic Boosters	_____
Meals	\$ _____	Band Boosters	_____
Admission	\$ _____		
TOTAL	\$ _____		

Requested by _____ Date _____

Approved/Disapproved _____, Principal Date _____

Approved/Disapproved _____, Superintendent Date _____

_____ Principal approval is required for all field trips.

_____ Superintendent approval is required for all field trips over 65 miles one (1) way.

_____ Superintendent approval is required for all overnight field trips.

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*On school days, the return time should not exceed 2:00 pm.

Field Trip Request Form

Requesting School _____ Organization/Team/Class _____

Date of Trip _____ Destination _____

Number of Buses Required _____ Teacher(s)/Sponsor(s) in Charge _____

Time of Departure _____ Time of Return (by 2:00 pm on school day) _____

Fund Responsible for Payment _____

Will you stop for lunch? Yes No If yes, where? _____

Do you need storage? Yes No

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TRANSPORTATION- Driver's Report

Driver Assigned _____ **Bus Number** _____

Odometer Reading	Time of Trip
End of Trip _____	Time Started _____
Start of Trip _____	Time Ended _____
Total Miles _____	Total time _____
Please check:	Number of students transported _____
In city _____	Number of adults transported _____
Out of County _____	
Dropped and Returned _____	
Dropped – Waited – Returned _____	

Driver's Signature _____ **Date** _____

Director of Transportation Signature _____ **Date** _____

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CENTRAL OFFICE ONLY

Amount Paid Driver \$ _____ Date _____

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RELATED PROCEDURE:

09.36 AP.211

Review/Revised:7/18/2016