

**SOUTHERN FULTON SCHOOL DISTRICT**

**REQUEST FOR FIELD TRIP FOR 2019-2020**

Field trip requests that have been budgeted may be approved by the Superintendent. Only those field trips not included in the district budget or are overnight trips need to be approved by the Board of Directors at a regularly or specially scheduled Board Meeting. Therefore, it is imperative to make requests one month or more (if possible) in advance of the intended date of the trip. All items for the Board work session and meeting agendas must be submitted at least one week prior to the meeting date.

Due to the limited number of buses available for field trips, it is not wise to schedule all school field trips in the last month of school. It is to your advantage to spread them out and to justify the experience necessary for the fulfillment of this planned course.

Date Requested \_\_\_\_\_ Date of Trip \_\_\_\_\_

Grade or Group taking trip \_\_\_\_\_

Destination of trip \_\_\_\_\_ Distance (round trip) \_\_\_\_\_ miles

Time leaving \_\_\_\_\_ Time returning \_\_\_\_\_

Reason for trip \_\_\_\_\_

Location of Pickup \_\_\_\_\_

Location of Drop-off \_\_\_\_\_

Number of Students \_\_\_\_\_ and Adults \_\_\_\_\_

Vehicle to be used: (check one) \_\_\_\_\_ School Bus  
\_\_\_\_\_ Charter Bus Service  
\_\_\_\_\_ School Van

If other form of transportation, please specify \_\_\_\_\_

This trip (check one) \_\_\_\_\_ has been budgeted at (amount) \$ \_\_\_\_\_  
\_\_\_\_\_ has not been budgeted, please give name of sponsor  
Name of Sponsor: \_\_\_\_\_

Is a substitute teacher needed? \_\_\_\_\_ Yes \_\_\_\_\_ No How many? \_\_\_\_\_

Has bus contractor been contacted? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_ Initials \_\_\_\_\_

Approved in August \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_

*This section is to be completed by Contractor*

**CONTRACTOR INFORMATION**

Total Miles Run \_\_\_\_\_ Charge per Mile \_\_\_\_\_ Amount of Layover time: \_\_\_\_\_

Total Mileage Charge or Minimum Miles Charge \_\_\_\_\_

Total Charge: \_\_\_\_\_ Total Number of Vehicles used: \_\_\_\_\_

Odometer Reading at Start of Trip: \_\_\_\_\_

Odometer Reading at End of Trip: \_\_\_\_\_

Coach/Advisor Signature \_\_\_\_\_

Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_