

Preston Schools Transportation Department
Field & Sport Trip Bus Request Form

1. TEACHERS: PLEASE: TWO WEEKS IN ADVANCE OF THE ANTICIPATED FIELD OR SPORT TRIP

Day _____ Date of Trip _____
SCHOOL / AGENCY
Destination _____
Address _____
Grade(s) Involved _____ Number of Students _____ + Adults _____ =Total _____
Description of Trip _____

Program begins _____ and ends _____

(Please do not include departure/return to school.)

CHECK THOSE THAT APPLY:

- We will be going to the above destination, and returning to school.
 We will be leaving our first destination, then travelling to _____.
 We will stop for lunch at _____.

Requested by _____
Teacher Date

II. Principal(s) only: Please review and return to the Bus Garage

APPROVED BY _____
Principal Date

III. BUS COORDINATOR:

Bus will depart from Bus Garage at _____ and return at _____.
Bus will depart from School at _____ and return at _____.

CONFIRMED BY _____
Transportation Coordinator Date

**School Activity Account
Field Trip Budget Form**

Teacher Coordinator: _____

Destination: _____

Date of Trip: _____

	Cost Per Student	# of Students	Total
(A) Students:	_____	_____	_____ (A)
(B) Chaperones:	_____	_____	_____ (B)
(C) Total Trip Cost:	_____ (A) + (B) = (C)		

(D) Total Revenue to be Collected: _____

(E) Total Amount Funded by District: _____

Total Revenue: _____ (D) + (E) = (C)

Transportation Needed: _____

Local: Preston School Bus: _____ No Charge _____

Coach Bus: _____

Parking Cost: _____

Gratuities: _____

Total: _____

Food: _____

Lunch: _____

Dinner: _____

Snacks: _____

Total: _____

Grand Total: _____

*Must be approved in advance by Building Administrator and verified by Superintendent/Business Manager:

Building Admin: _____ Date: _____

Super/Business Manager: _____ Date: _____

Preston Public Schools Student Activity Account Deposit Form

Please submit this form with money sent to the district office.
Please be sure all information is filled out.

Date: _____

Trip/Activity: _____

Teacher/Advisor: _____

Total Money Received: _____

Cash: _____

Checks: _____

Signature: _____

(Please attach receipts)

Preston Public Schools Student Activity Account Withdrawal Form

Please submit this form to the district office.
Please be sure all information is filled out.

Date: _____

Trip/Activity: _____

Teacher/Advisor: _____

Building: _____

Withdraw From: _____

Check Amount: _____

To: _____

Mailing address(if needed):

Teacher Signature: _____

Principal Signature: _____

FIELD TRIP PERMISSION SLIP

Date: _____

I give my student _____ permission to go on a field trip to

Name of student

_____ on _____
Location of Trip *Date of Trip*

The cost of the field trip is \$ _____.

Departure from school is _____ and return to school is _____

A bag lunch is needed from the cafeteria Yes No

My home phone number is _____

My work phone number is _____

Emergency Contact _____ Phone Number _____

HEALTH INFORMATION

Known medical problems _____

Medications _____

Known Allergies _____

Physician _____ Phone _____

Hospital Choice _____

Insurance Company _____ Policy # _____

This permission slip also authorizes a licensed physician and other licensed medical staff to carry out emergency medical care deemed necessary for my child if I cannot be reached.

Parent/Guardian Signature

Note: A copy of this permission slip is to be taken on the field trip by the teacher.

Who wants to chaperone???

Name:

Cell Phone:

Student(s) Name & Teacher:

We thank you for volunteering your time. You will be responsible for a small group of students.

We will see you outside the school 10 minutes before departure for your assignments and badges. Transportation to be determined.

Will you be taking your student home after the field trip? Yes

No

