



Total cost to pupil for transportation: \_\_\_\_\_ Total cost to the district for transportation: \_\_\_\_\_

Total cost to pupil for Activity: \_\_\_\_\_ Total cost to the district for Activity: \_\_\_\_\_

If no cost to the pupil or district – state reason: \_\_\_\_\_

Accommodations have been made for students with medical/other needs. This includes medication administration, handicapped accessibility and/or specialized treatment required during the field trip. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Is a nurse or aide required to attend the trip? \_\_\_\_\_yes \_\_\_\_\_no

Fundraising Campaign? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Items sold \_\_\_\_\_ Cost \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Principal's Signature of Approval Date

\_\_\_\_\_  
Transportation Confirmation/Approval Date

\_\_\_\_\_  
Director of Pupil Services/Supervisor of Spec. Ed  
Signature of Approval Date

\_\_\_\_\_  
Assistant Superintendent's Signature of Approval Date

\_\_\_\_\_  
Superintendent's Signature of Approval Date