

Academic and Athletic Field Trip Request

DUE
DATES:

Semester 1: **September 1, 2023**
Semester 2: **December 1, 2023**
Summer: **May 3, 2024**

****School days, all field trips must begin after 9:00 am and return to school by 1:15 pm (W) and 2:15 pm (M, T, Th,F)****

SCHOOL _____ STUDENT GROUP _____ DATE SUBMITTED _____

TEACHER(S) RESPONSIBLE _____

TYPE OF TRIP ACADEMIC CO-CURRICULAR EXTRA-CURRICULAR

NUMBER OF SUBSTITUTE TEACHERS NEEDED _____ FULL DAY AM PM

DEPARTMENT CHAIR _____ ACCOUNT NUMBER _____ SUB COST _____

DESTINATION IF THIS IS AN OVERNIGHT FIELD TRIP, INDICATE THE NAME & LOCATION OF THE PLACE WHERE THE STUDENTS WILL BE STAYING.

ADDITIONAL STOPS AT _____

LEAVE

PLACE _____ TIME _____ DAY OF WEEK _____ DATE _____

RETURN

PLACE _____ TIME _____ DAY OF WEEK _____ DATE _____

TOTAL # OF STUDENTS _____ TOTAL # OF CHAPERONES _____ TOTAL # OF PASSENGERS _____

OF SCHOOL BUS(ES) _____ # OF MID BUS(ES) _____ HANDICAP VEHICLE _____

OF SPECIAL NEEDS BUS(ES) _____ # OF WHEELCHAIRS _____ # OF STAR SEATS _____ # OF SEATBELTS _____

COMMERCIAL COACH _____ BOX BED TRUCK _____ SEMI _____

EDUCATIONAL OBJECTIVES: *be specific, cite curriculum*

HOW WILL THE OBJECTIVES CONTRIBUTE TO YOUR INSTRUCTIONAL PROGRAM:

TOTAL FINANCIAL COST TO EACH STUDENT (INCLUDING MEALS) \$ _____

TEACHER'S SIGNATURE _____ DATE _____

PRINCIPAL'S SIGNATURE _____ DATE _____

CENTRAL OFFICE _____ DATE _____

CAFETERIA NOTICE
This field trip will take the students away from school during lunch

YES NO

DATE COPY SENT TO CAFETERIA: _____

Notified Nurse

Date _____

ACADEMIC AND ATHLETIC FIELD TRIP INFORMATION

GRADE OR GROUP _____ DATE OF TRIP _____

DRIVER COST

- ❖ ❖ DRIVER COST IS \$62.31 MINIMUM (3 HOURS) PER BUS ANYTIME.
- ❖ IF THE TRIP IS BEFORE/AFTER SCHOOL OR WEEKENDS, PLEASE INCLUDE 45 MINUTES FOR BUS PREP AND CLEANUP.

# hours	X	\$20.77 per hour (hourly rate with benefits)	X	_____	=	_____	÷	_____	=	_____	Per student
				# buses		total		# students			

BUS COST (PAID IN ADDITION TO DRIVER COST)

_____	X	\$2.29 per mile fuel costs	X	_____	=	_____	÷	_____	=	_____	Per student
Total Round Trip miles				# buses		total		# students			

Total Per Student Transportation Cost = Per Student Driver Cost + Per Student Bus Cost

WE WILL EAT LUNCH AT _____ WILL YOU NEED A CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT OF CHECK _____	Cost per Student
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WE NEED TO PAY ADMISSION TO _____ AMOUNT OF CHECK _____	
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WE NEED TO PAY ADMISSION TO _____ AMOUNT OF CHECK _____	
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Total Cost per Student

Cost per Student
\$

FOR OFFICE USE

Room	# Students	Student Cost	Adult Cost	Student Paid	Adult Paid	Student #Not Paid	Adult # Not Paid	Amount Due from Room	Amount Paid	Date Receipt #

Actual Admission	Rec'd from students:	Total Trip:
Actual Meal Cost	Rec'd from adults:	
Actual Bus Cost	Rec'd from parent Group:	Over:
Actual Fuel Cost	Rec'd from:	Under:
Total Paid Out	Total Rec'd:	