

STANDARD FIELD TRIP APPLICATION FORM

Hanover Community School Corporation 14525 Wicker Ave. Cedar Lake, IN 46303 Phone: 219-374-3500/Fax: 219-374-4411	Subs Needed Yes    No <input type="checkbox"/> Full Day Sub(s) <input type="checkbox"/> Half-Day Sub(s)    AM/PM
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*Trips should be made at least three (3) weeks in advance.*  
*Please complete entire form. Request only one trip per application.*

School Requesting Permission: HCHS    HCMS    Red Cedars    Jane Ball    Lincoln    HLA

Trip Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day of Week: MON TUE WED THR FRI SAT SUN

Faculty Sponsor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Faculty Members Attending: \_\_\_\_\_

Grade, Group, or Class Participating: \_\_\_\_\_

Location: \_\_\_\_\_

Address: \_\_\_\_\_

City	State	Phone #
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Event Start Time: \_\_\_\_\_ am/pm      Event End Time: \_\_\_\_\_ am/pm

Event Description: \_\_\_\_\_

State Standards to be addressed: \_\_\_\_\_

Stops other than destination: \_\_\_\_\_

Explain: \_\_\_\_\_

Total Number of Students: \_\_\_\_\_ (Male) \_\_\_\_\_ (Female)

\*The student-to-faculty ratio on the Field Trips shall be no longer than 50:1. The student-to-adult ratio shall be no longer than 25:1 (excluding bus driver).

\*Total Number of Chaperones: \_\_\_\_\_ (Male) \_\_\_\_\_ (Female)

\*Non-faculty Chaperones must be over twenty-one (21) years of age and must have submitted a Volunteer Disclosure Form (8120) and Universal Background Check for Criminal History Information.

Are there individuals with special needs participating in the trip?  Yes  No

If yes, please provide details: \_\_\_\_\_

Number of Hanover School Buses Needed: \_\_\_\_\_

If none, please explain: \_\_\_\_\_

Departure Time: \_\_\_\_\_ am/pm

Return Time: \_\_\_\_\_ am/pm

Bus Pick Up Location: \_\_\_\_\_

Equipment Space Needed: Yes No Equipment: \_\_\_\_\_

*(All equipment must be secured and cannot obstruct the vision of the bus driver. Bus aisle must be kept clear at all times.)*

TRANSPORTATION FEES:

Local Transportation

Chicago Transportation

\$17 per hour

\$21.00 per hour

\*(All costs must be paid by students)

\*Does not including Parking, Tolls, Additional Driver Time, etc. The Trip Sponsor is responsible for any additional expenses.

TRIP COST:

Total Field Trip Expense (Transportation, Admission, Food, etc.): \$ \_\_\_\_\_

Money received through Fundraising or other contributions: \$ \_\_\_\_\_

Adjusted Cost Per Student: \$ \_\_\_\_\_

\*Applications must be approved by the Building Administrator and Superintendent before scheduling trip or collecting fees.

\_\_\_\_\_  
Signature of Trip Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Transportation Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Building Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

*This portion to be filled out by the School Bookkeeper/Secretary*

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date sent to Business Services: \_\_\_\_/\_\_\_\_/\_\_\_\_

6/25/19  
3/10/20  
10/21/22  
1/22/24