MONOMOY REGIONAL SCHOOL DISTRICT FIELD TRIP REQUEST FORM

Coordinating Teacher:	Teacher Cellphone I		
Other Teacher(s):	Grade(s):		
School: CES HES MRMS	MRHS Date(s) of Tr	ip:	
Time of Departure:	Return Time to Scho	ool:	
Destination: *This request must be approved by your School Nurse, Principal	and Superintendent at least four weeks pri	or to US trips and International trips.*	
Purpose of Trip – Include Direct Connection to Curricu	ulum Standards:		
School Nurse Needed on Trip: Yes Other accommodations needed:	No		
IF Airport Travel:			
	irline name, flight # and arrival time		
Total Number students: Total Number of Tea **Please plan on at least one (:	School Van achers:Total Number of 1) chaperone per group of 10 stu ED by MONOMOY REGIONAL SC	f Chaperones**: udents** HOOLS**	
Budget For Day Trips: If using the bus company: Hourly rate \$42.47. Mileage Rate \$1 per mile. Please attach Google Map directions	For out of state and overnig		
hours x \$42.47 = miles x 2 (Round Trip) x 1 = # of Buses:	 Teacher	Date	
# Of Duses: Total Transportation Costs: \$ Admissions Cost: \$	School Nurse	Date	
Total Cost: \$	Principal	Date	
Total Cost per student: \$	Superintendent	Date	
Please email to Faith Rushnak@ frushnak@monomoy.e	edu APPROVED	NOT APPROVED	