

KARNS CITY AREA SCHOOL DISTRICT REQUEST FOR FIELD TRIP FORM

1. Name of staff member/s making request: _____
2. Date/s of trip: _____
3. Destination (include address and approx. distance (miles)): _____
4. Grade/s participating: _____ Total number of students (attached roster): _____
5. Purpose: (State briefly the curricular focus and the expected outcome of the field trip). _____

6. Expenses: (all information must be provided for approval).

Actual Costs (use whole dollars):

Substitute Fees: \$ _____
 Admission Fees: \$ _____
 Registration Fee: \$ _____
 *Transportation: \$ _____

*Costs (\$19.92/hr. \$2.32/Mile \$150/Minimum) 2024-2025 Pricing

Method: School Bus Charter School Van Personal Auto

Bus Lodging: \$ _____
 Other: \$ _____
 Total Cost: \$ _____

Budget code/s (District Office Use):

Substitute Fees: \$ _____
 Admission Fees: \$ _____
 Registration Fee: \$ _____
 Transportation: \$ _____

Funding Source: PTO Group _____ Department _____

7. Itinerary:

Example: Destination: _____
 Time: Board bus at ABC School
 8:30am Arrive at Famous Art Museum
 10:30am Tour Museum and Book Show
 10:45am Lunch
 12:00pm Leave Famous Art Museum
 1:30pm Arrive at ABC School
 2:30pm

Fill in your itinerary below. Be specific.

Time:	Destination:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. **Emergency Plan:** In the event of an emergency, the principal will be contacted. Emergency phone numbers, medications, etc. will be taken on the trip.
9. **Permission:** Written permission of the parent/guardian must be obtained before any student may participate.
10. **Approval:** I understand this request must be completed in a timely manner and reviewed by my building principal before submission to the Superintendent and School Board. The request must be in the District Office 2 weeks prior to the Board Meeting preceding the trip for Board authorization. It is my responsibility to make all arrangements for a substitute, registration, lodging, and transportation, if necessary.

 Teacher's Signature _____ Date _____

 Principal's Signature _____ Date _____

 Superintendent's Signature _____ Date _____