

CONNEAUT SCHOOL DISTRICT REQUEST for Educational Field Trip or Activity Trip

Name: _____

Date: _____

Position: _____

Building: _____

Is this an Educational Field Trip (Yes or No)

Is this an Student Activity Trip (Yes or No)

Descripton of Field Trip or Activity Trip below. IF an OVERNIGHT Trip, you must attach Parent Permission Slip you will be giving student, Trip Itinerary, and List of students attending and Rules/Violations if rules are violated for an overnight stay.

Describe the trip here- PLEASE- NO attachments.

Dates of Activity:

Time: _____ to _____

Location and City:

Number of Miles to be traveled:

LIST the names of *Staff Attending and ALL DISTRICT EMPLOYEE CHAPERONES (Number of chaperones must comply with Policy 121 and 231)

Grades of Students Attending- _____

Number of Students Attending: _____

COSTS: for trips sponsored by clubs and student activity organizations the only cost to the District is that of necessary substitute teachers.

MUST complete below for Estimated Costs to include Department or a Building or a Student Activity Account

If this is paid by a building -WHICH Building _____

If this is paid by a specific department-WHICH Specific Department _____

If this is paid by a student activity account- WHICH Student Activity Account _____

If this is paid by Other (including PTO)- What Other _____

After indicating "WHERE" the funds are coming from, please indicate "WHAT" funds are to be considered below;

Substitute Teacher Cost- # of Days _____	X	Cost per Day _____	=	
Registration Fees- # of Registrations _____	X	registration fee _____	=	
Transportation Costs- Airfare _____			=	
Car/bus(es) # of Miles _____	X	Mileage Rate _____	=	
Tolls _____			=	
Parking _____			=	
Hotel Costs- # of Days _____	X	Cost per Day _____	=	
Meals- # of Days _____	X	Cost per Day _____	=	
TOTAL ESTIMATE			=	

All fees must be listed to be considered by the Board for Approval

Meals are for overnight stays or special education classrooms ONLY

PRINCIPAL _____ / /

Not approved _____

Board approved _____

SUPERINTENDENT _____ / /

Not approved _____

revised 9/2024