

**FIELD TRIP/STUDENT ACTIVITY FORM**  
**2024-2025**

THE COMPLETED FIELD TRIP/STUDENT ACTIVITY FORM AND THE REQUEST FOR TRANSPORTATION FORM MUST BE IN THE **TRANSPORTATION OFFICE 3 – 4 WEEKS PRIOR TO THE TRIP.**

Requested by: \_\_\_\_\_ Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Purpose of Trip: \_\_\_\_\_

Date of Trip: \_\_\_\_/\_\_\_\_/\_\_\_\_ Trip Destination: \_\_\_\_\_

Approx. Distance (Miles): \_\_\_\_\_

**ESTIMATED EXPENSES**

(Do not use checkmarks; dollar amounts must be used so that accurate estimated costs are calculated.)

**Staff Costs**

Substitute \$ \_\_\_\_\_  
 Meals \$ \_\_\_\_\_  
 Lodging \$ \_\_\_\_\_  
 Misc \$ \_\_\_\_\_  
 Total (A) \$ \_\_\_\_\_

**Student Costs**

# of Students \$ \_\_\_\_\_  
 Total Registration\* \$ \_\_\_\_\_ \*include nurse if needed  
 Transportation \*\* \$ \_\_\_\_\_ \*\* Costs = (\$16.91/hour, \$2.21/mile,  
 \$84.44/minimum)  
 Total (B) \$ \_\_\_\_\_ "Request for Transportation" must be attached.

**FUNDING SOURCE** (PTO, GROUP, DEPARTMENT, SPEC ED, ETC.)

Total (C) \$ \_\_\_\_\_ Source: \_\_\_\_\_

<b><u>Staff Costs</u></b>	
(A)	\$ _____
<b><u>Student Costs</u></b>	
+ (B)	\$ _____
<b><u>Contributed Support</u></b>	
- (C)	\$ _____
<b><u>Total District Cost</u></b>	
	\$ _____

Signature: \_\_\_\_\_

IF THE FIELD TRIP/STUDENT ACTIVITY IS APPROVED, IT IS YOUR RESPONSIBILITY TO MAKE ALL ARRANGEMENTS FOR A SUBSTITUTE, REGISTRATION, LODGING, AND TRANSPORTATION, IF NECESSARY.

<u>Initials Required</u>	<u>Approved</u>	<u>Not Approved</u>	<u>Dates &amp; Comments</u>
Principal/Supervisor	_____	_____	_____
Assistant Superintendent	_____	_____	_____
Director of Business Services	_____	_____	_____
Superintendent	_____	_____	_____