

Poth Independent School District Field Trip Request Form

CAMPUS: _____ STUDENT GROUP NAME: _____

TRIP DATES: _____ LOCATION OF TRIP: _____

LEARNING OBJECTIVE OF TRIP:

GRADE LEVEL: _____ NUMBER OF STUDENTS: _____ NUMBER OF TEACHERS: _____

NUMBER OF CHAPERONES: _____ ADDITIONAL STAFF: _____

DEPART: _____ AM/PM FIELD TRIP LOCATON CONTACT/NUMBER: _____

RETURN: _____ AM/PM POTH ISD CONTACT/NUMBER: _____

THE FOLLOWING ITEMS MUST BE COMPLETED AFTER APPROVAL:

- ☐ Campus Purchase Order Request Form turned in and approved
- ☐ Transportation Request From turned in and approved
- ☐ Anticipated itinerary turned into campus office one week prior to trip Date Due: _____
- ☐ Completed Lunch Forms turned in to Mrs. Moy two weeks prior to trip Date Due: _____
- ☐ Plans have been made for students who receive routine medications
- ☐ Confirmation through transportation department for date, time and vehicle/bus requested

ESTIMATE OF COSTS:

TRANSPORTATION: \$ _____ RENTAL VEHICLE: \$ _____

MILEAGE: \$ _____ FOOD: \$ _____

LODGING: \$ _____ OTHER: \$ _____

CAMPUS SPONSORED TRIP OR OUT-OF-POCKET EXPENSE FOR STUDENT: **(CIRCLE ONE)**

SOURCE OF FUNDS: _____ or OUT-OF-POCKET EXPENSE PER STUDENT: \$ _____

REQUESTING EMPLOYEE: _____ DATE: _____

PRINCIPAL APPROVAL: _____ DATE: _____

SUPERINTENDENT APPROVAL: _____ DATE: _____

FOR CAMPUS USE ONLY:

Upon Superintendent approval, copies to: REQUESTING EMPLOYEE NURSE CAMPUS OFFICE CAFETERIA