KEYSTONE CENTRAL
SCHOOL DISTRICT

# FIELD TRIP AND TRANSPORTATION REQUEST FORM

**SCHOOL:** _____ **DATE OF FIELD TRIP:** _____

**ORGANIZATION OR GROUP GOING ON FIELD TRIP:** _____

**THIS IS FOR:**
- ☐ PROFESSIONAL DEVELOPMENT
- ☐ ADMINISTRATIVE TRAVEL
- ☐ OTHER: _____
- ☐ ATHLETICS
- ☐ CLUBS

**STAFF MEMBER(S) CONDUCTING FIELD TRIP:** _____

**ADDITIONAL CHAPERONES (IF ANY)** _____

**NUMBER OF STUDENTS:** _____ **& CHAPERONES:** _____ **TOTAL NUMBER OF PASSENGERS:** _____

**NUMBER OF VEHICLES REQUESTED:** ***CHECK HERE IF WALKING TRIP AND NO TRANSPORTATION NEEDED:*** ☐
***(If Walking trip Answer all questions marked with *)***

**CHARTER BUS:** _____ **SCHOOL BUS:** _____ **SCHOOL VAN:** _____
(MUST USE FOR OUT OF STATE TRIPS)

*** HANDICAP OR ANY SPECIAL NEEDS:**

| | **LOCATION** | | **TIME** |
|---|---|---|---|
| *** STARTING/PICK UP LOCATION:** | | ***DEPARTURE TIME:** | |
| *** DESTINATION:** | | ***DESTINATION DEPARTURE TIME:** | |
| *** DESTINATION ADDRESS:** | | *** ARRIVAL BACK AT SCHOOL:** | |

***PURPOSE OF FIELD TRIP:** ****ATTACH DETAIL TRIP ITINERARY***

**WILL BUS TRANSPORTATION BE NEEDED DURING YOUR STAY:** ☐ YES ☐ NO

**IN STATE** ☐ IS THIS AN OVERNIGHT TRIP: ☐ YES ☐ NO (REQUIRES BOARD APPROVAL)

**OUT OF STATE** ☐ (REQUIRES BOARD APPROVAL)

IF OVERNIGHT HOW MANY NIGHTS WILL YOU BE STAYING? _____

WILL YOU BE MAKING OVERNIGHT ARRANGEMENTS FOR THE DRIVER? ☐ YES ☐ NO

**PAID BY KCSD:** ☐ YES ☐ NO

BUDGETED AMOUNT: _____

ASN NUMBER: _____

**IF NOT PAID BY KCSD PARTY RESPONSIBLE FOR PAYMENT OF THIS TRIP:**

NAME: _____

ADDRESS: _____

_____

**ROSTER OF TRIP ATTENDEES WERE SUBMITTED TO:**
(IF NOT NOTIFIED LIST WHY)

☐ NURSING STAFF
☐ SECURITY STAFF

**APPROVALS FOR ALL FIELD TRIPS:**

_____
PRINCIPAL/DIRECTOR/SUPERVISOR

☐ APPROVED
☐ DISAPPROVED

_____
DATE

***ALL OVERNIGHT AND OUT OF STATE TRIPS REQUIRE SUPERINTENDENT AND BOARD APPROVAL BEFORE THE TRIP CAN BE SCHEDULED***

**APPROVAL FOR OVERNIGHT/OUT OF STATE TRIPS:**

_____
SUPERINTENDENT

☐ APPROVED
☐ DISAPPROVED

_____
DATE

BOARD APPROVAL DATE: _____

***THE TRANSPORTATION OFFICE WILL SEND AN EMAIL CONFIRMATION WHEN THE TRIP HAS BEEN SCHEDULED***
***IF AN EMAIL CONFIRMATION IS NOT RECEIVED BEFORE FIVE DAYS PRIOR TO THE TRIP PLEASE CONTACT THE TRANSPORTATION OFFICE***

***RETURN THIS FORM TO THE TRANSPORTATION OFFICE IN THE BUSNESS OFFICE AT 86 ADMINISTRATION DRIVE, MILL HALL PA 17751 OR EMAIL THE FORM TO dfalls@kcsd.k12.pa.us***

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**THIS SECTION COMPLETED BY THE TRANSPORTATION OFFICE:**

TRIP OR VAN # _____ DATE: _____ COST: _____

VAN USAGE: STARTING ODOMETER READING: _____ TOTAL MILES: _____

ENDING ODOMETER READING: _____ MILEAGE RATE: 0.70