WELLINGTON EXEMPTED VILLAGE SCHOOL DISTRICT
OFF CAMPUS EDUCATIONAL EXPERIENCE

Please print or type

Name of Organization: _____

Destination – Location Name and Full Address

_____ **Number of Students:**_____

_____ **Number of Adults:**_____

Date of Trip:_____ **Time of Departure:** _____ **Time of Return:** _____

Describe the method of transportation.

◯ **School Bus** ◯ **Private Firm** (please list name: _____

◯ **Walking** and address) _____

Itemize the cost:

1. Transportation # of drivers ____ x total hours _____ x $24.00=_____

(1 bus per 50 people) #of miles _____ x $1.50=_____

2. Fees and Admissions = _____

TOTAL COST _____

Are there funds on hand? ◯ **Yes** ◯ **No** (If funds are not on hand, give complete details on how funds will be raised): _____

_____

_____

List Chaperones:

_____ _____

_____ _____

_____ _____

Explain how this experience relates to the grade-level curriculum and the CIP:

_____

_____

Signature: _____ **Date:** _____

Principal: **Approved** _____ **Disapproved** _____ **Signature:** _____

Supt. **Approved** _____ **Disapproved** _____ **Signature:** _____

Bd. of Ed. President (If beyond 125 miles) **Approved** _____ **Disapproved** _____ **Signature:** _____