

FIELD TRIP/STUDENT ACTIVITY FORM
2026-2027

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*	\$ _____
Transportation **	\$ _____
Total (B)	\$ _____

*include nurse if needed

** Costs = (\$239.20 minimum. Over 5.25 hours \$31.20/hour for each additional hour. Over 75 miles \$2.76/mile. Monitors \$26.00/hour)
"Request for Transportation" must be attached.

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

Total (C) \$ _____ Source: _____

Staff Costs

(A) \$ _____

Student Costs

+ (B) \$ _____

Contributed Support

- (C) \$ _____

Total District Cost

\$ _____

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.

Initials Required

Approved

Not Approved

Dates & Comments

Principal/Supervisor

Assistant Superintendent

Director of Business Services

Superintendent