

# 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