

Request for Educational Field Trip and Purchase Authorization

Plan your trip to return no later than 2:00 p.m. unless special approval is granted by Transportation.

 (School) (Grade)

Depart: _____ Driver Requested: _____
 Date Submitted _____

Return: _____
 Overnight: Y or N (Circle One) Number of Students: _____
 Undercarriage Storage: Y or N (Circle One) Number of Adults : _____
 Number of Buses: _____ Sp Ed Bus _____

I. Description of Trip: MAX. BUS CAPACITY 56 High School - 62 Middle School – 76 Elementary

- A. Destination: _____
Address: _____
- B. Area of Instruction: _____
- C. List State Teaching Standards that will be taught during the field trip:
 1. _____
 2. _____
- D. Itinerary: Please put complete itinerary on the back of this form.
- E. All teachers must attach MapQuest type directions to the request – If you will deviate from MapQuest, route please indicate in writing.
- F. All teachers must attach name of all **adults** going on trip on your **Student Roster**.
 o *Mark and list any students requiring Health Services to be performed by Nurse.*
- G. Permission form collected prior to fieldtrip and kept on file for school year.

II. Proposed Plan of Supervision: _____
 (Minimum 1 adult to 15 students.)

A. *On every trip you are required to have a copy of every student's and chaperone's **Emergency Information**.*

III. Approximate cost per student:

IV. Total Est. Cost & Funding Source(s):

Admission Price _____	(Cost is per Bus	Account Code: _____	Amount: _____
Transportation _____	\$1 per mile+driver fee		
Food _____	(\$68.07, \$85.09, or \$102.11)	Account Code: _____	Amount: _____
Total Cost: _____		If all funds are not available at the time of the trip, the trip will not occur or will be funded with	
	Account # _____	Initials: _____	

_____ (Requesting Teacher's Signature)	_____ Date	_____ (Approved by Transportation Director)	_____ Date
_____ (Approved by Principal)	_____ Date	_____ (Approved by Health Supervisor)	_____ Date
_____ (Cafeteria Manager Approval)	_____ Date	_____ (Approved by Finance)	_____ Date
_____ (Approved by Director of Schools)	_____ Date		

***Field trip form must be turned in to BOE at least 1 month prior to the field trip for completion of form, approval and driver assignment.** Requests should be submitted as soon as planning begins or as soon as possible.

Trips that will result in students missing one day of school **must get Board approval prior to the time of the trip.

***No fieldtrips one week prior to the end of school.

****No trip should be planned for grades 9-12 during the last two weeks of a school semester

Assigned to Driver/Drivers: _____