



Semester: 1st
(check one) 2nd

STUDY TRIP REQUEST FORM

(Due by ___/___/___)

Event: _____ Request Date: _____

Event Address: _____ Date(s) of Event: _____

Leaving Time: _____ Returning Time: _____

Grade Level: _____ Number of Classes Attending: _____

Number of Students: _____ Number of Adults Attending: _____

Requesting Teacher: _____

Academic Justification Form (REQUIRED)

Transportation:

District Bus/District Vehicle: _____ Charter Bus: Rate: _____ X # of Days: _____
(TRANSPORTATION FORM) (NAME AND APPROVAL OF CHARTER COMPANY)

Vehicle Mileage: _____ miles X \$0.545 (per mile) X # of Vehicles _____

Fuel Card: _____ miles X \$0.200 (per mile) X # of Cards _____

Transportation Cost: \$ _____

Lodging:

Rate: _____ X # of Nights: _____ X # of Rooms: _____

Lodging Cost: \$ _____

LUNCHES:

Eating At School: _____ Sack Lunches Needed: _____

**Any special eating time to be aware of: _____

Approval by Principal

Date Approved and Placed On Master Calendar

Approval by C&I

Date Submitted to District C&I Office