

## FIELD TRIP REQUEST FORM

\*COMPLETED FORMS ARE DUE TO CENTRAL OFFICE NO LESS THAN 2 WEEKS IN ADVANCE OF THE FIELD TRIP DATE.

### TRIP INFORMATION

EVENT DATE: \_\_\_\_\_ DAY: M T W TH F Sa Su

DESTINATION: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

VENUE EXPENSE: \$ \_\_\_\_\_

CHECK IF APPLICABLE:    OUT OF STATE     OVERNIGHT\*     (\*BOE Approval will be needed. Submit completed form at least 1 month in advance.)

### TIME ESTIMATES

DEPART FROM SCHOOL		PICK-UP FOR RETURN	
ARRIVAL AT DESTINATION		RETURN TO SCHOOL	

### LOGISTICS

NUMBER OF STUDENTS	NUMBER OF TEACHERS	NUMBER OF ADULTS

GROUP/GRADE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

WILL FOOD BE SERVED AS LUNCH OR SNACK:    YES     NO

IF YES, WHAT RESTAURANT/FOOD/SNACK: \_\_\_\_\_

*IF BAGGED LUNCH IS REQUIRED, PLEASE INCLUDE CAFETERIA BAGGED LUNCH FORM WITH PERMISSION SLIPS.*

### ANTICIPATED EXPENSES

TOTAL COST OF FIELD TRIP <small>(COMBINE VENUE, TRANSPORTATION, AND NURSE EXPENSES)</small>	EWPS DISTRICT COST <small>(TOTAL)</small>	SCHOOL ACTIVITIES FUNDS COST <small>(TOTAL)</small>	STUDENT COST <small>(PER CHILD)</small>
\$ _____	\$ _____	\$ _____	\$ _____

PTO FUNDING PROVIDED:    YES    NO    IF YES, AMOUNT: \_\_\_\_\_

PTO SIGNATURE: \_\_\_\_\_    DATE: \_\_\_\_\_

SUBSTITUTE TEACHER REQUIRED:    YES     NO

IF YES, PLEASE CONTACT KELLY SERVICES AFTER APPROVAL TO MAKE ARRANGEMENTS FOR COVERAGE.

## FIELD TRIP REQUEST FORM, cont.

### TRANSPORTATION NEEDS

#OF REGULAR BUSES REQUIRED: \_\_\_\_\_ # OF HANDICAP ACCESSIBLE BUSES REQUIRED: \_\_\_\_\_

SPECIAL TRANSPORTATION NEEDED: YES  NO  IF YES, PLEASE SPECIFY REQUIREMENTS BELOW

REQUIRED SPECIALTY	NUMBER REQUIRED
CAR SEAT	
HARNESS	
WHEELCHAIR	

TRANSPORTATION EXPENSE:\$ \_\_\_\_\_

### FIELD TRIP COORDINATOR

I HAVE READ THE FIELD TRIP PROCEDURES AND AGREE TO FOLLOW THEM.

I WILL UTILIZE THE PERMISSION FORM TO OBTAIN ALL NECESSARY STUDENT INFORMATION.

PERMISSION FORMS DUE: \_\_\_\_\_ (MIN. 2 WKS. PRIOR)

FINAL LIST OF STUDENTS ATTENDING DUE: \_\_\_\_\_ (MIN. 2 WKS. PRIOR)

IF THERE IS A NURSE EXPENSE, I WILL REQUEST FOR A CHECK TO BE WRITTEN BACK TO THE SCHOOL BY SUBMITTING THE DISBURSEMENT REQUEST FORM TO THE ADMINISTRATIVE ASSISTANT TO THE PRINCIPAL.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: PRINT, SIGN, AND PASS FORM ALONG TO SCHOOL NURSE FOR APPROVAL

### SCHOOL NURSE APPROVAL

NURSE REQUIRED: YES  NO

NURSE EXPENSE: \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### ADMINISTRATIVE APPROVAL

APPROVED

DENIED

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### SUPERINTENDENT APPROVAL

APPROVED

DENIED

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_