



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

SCHOOL: _____

EVENT DATE: _____ DAY: _____

DESTINATION: _____

ADDRESS: _____

CHECK IF APPLICABLE: OUT OF STATE: *OVERNIGHT:

* BOE APPROVAL REQUIRED. SUBMIT COMPLETED FORM AT LEAST 30 DAYS IN ADVANCE

TIME & DATE ESTIMATES

DEPARTURE DATE	
DEPARTURE TIME	
DESTINATION ARRIVAL	

RETURN DATE	
DEPARTURE TIME	
ARRIVAL AT SCHOOL	

LOGISTICS

NUMBER OF STUDENTS	NUMBER OF TEACHERS	NUMBER OF ADULTS

GROUP/GRADE/DEPARTMENT: _____

PURPOSE: _____

WILL FOOD BE SERVED: YES NO

IF YES, PLEASE PROVIDE FOOD DETAILS: _____

TRANSPORTATION NEEDS

HANDICAP TRANSPORTATION NEEDED: YES NO

IF YES, PLEASE NOTATE NUMBER OF STUDENTS REQUIRING
ADDITIONAL EQUIPMENT:

CAR SEAT	HARNESS	WHEELCHAIR

NUMBER OF HANDICAP BUSES: _____

NUMBER OF REGULAR BUSES REQUIRED: _____

COVERAGE

SUBSTITUTE TEACHER REQUIRED: YES NO

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

NURSE REQUIRED: YES NO

IF YES, WHO?

NAME: _____

*SIGNATURE: _____ DATE: _____

*PLEASE HAVE NURSE SIGN FORM REGARDLESS OF WHETHER NURSE COVERAGE IS REQUIRED OR NOT

ANTICIPATED EXPENSES

PLEASE LIST THE ANTICIPATED EXPENDITURES BELOW WITH THE CORRESPONDING FUNDING SOURCE:

EXPENSE	AMOUNT	FUNDING SOURCE (GL LINE, STUDENT ACTIVITIES, PTO, STUDENT FUNDED, ETC)

IF PTO FUNDED:

PTO SIGNATURE: _____ DATE: _____

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.

*DATE PERMISSION FORMS AND FINAL LIST OF STUDENTS DUE: _____

*REGULAR DAY: MIN 2 WKS PRIOR, OUT OF STATE/OVERNIGHT: MIN 30 DAYS 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: _____

ADMINISTRATIVE APPROVAL

APPROVED

DENIED

NAME: _____

SIGNATURE: _____ DATE: _____

SUPERINTENDENT APPROVAL

APPROVED

DENIED

SIGNATURE: _____ DATE: _____