

Field Trip Request

Date of Trip:			
Number of Students:		Group Participating:	
Number of Professional Employees:		Number of Other Adults/Chaperones:	
<i>List names:</i>		<i>List names:</i>	
Name of Place(s)/Location to be Visited:			
Describe trip, including how it fits into your curriculum (unless it is an approved trip for your grade level as listed in the Staff Handbook). Include trip destination, listing time of departure and return.			
Have you checked District Calendar for conflicting events?			Yes No
Was the Nurse contacted for information regarding a participating student's major medical condition and are health provisions in place for trip?			Yes No
Was the Cafeteria informed of the trip?			Yes No
Where will lunch be eaten?			
Type of transportation to be used:			
Time Leaving Building:		Time Returning to Building:	
Cost of Trip:		Methods of Financing:	
Cost of Busing:		Cost of Entrance Tickets:	
Cost of Lunches/Beverage:		Student Contribution (if any):	
Checks necessary from PTO: Payee, Amount and Date Needed: ONE WEEK'S NOTICE MUST BE GIVEN TO PTO FOR CHECKS.			
<p>The bus company has two options on field trips:</p> <ol style="list-style-type: none"> 1. The bus must be back on the main campus for the 2:44 p.m. high school pick up, or 2. The bus can return at 3:15 p.m. for regular elementary dismissal or can stay out later, if so desired by the staff (the parents must pick up students). <p>You must tell the company on <u>the date you request</u> as to which option you want to select and the time you want to return to school. No exceptions to the <u>return time</u> will be made on the field trip date.</p> <p>Please monitor the time it takes to get to your destination and allow the same amount of time plus 10 minutes for the return due to traffic and unforeseen delays. The driver and teacher should confer before leaving the bus at the destination to arrange a mutual departure time.</p>			
Signature of Teacher In Charge:			Date:
Check if Approved:	Board Approved # from List:	Check if Disapproved:	<i>Reason Disapproved:</i>
Signature of Principal:			Date:
Signature of Assistant Superintendent: <i>(If approved by Principal.)</i>			Date: