

FIELD TRIP REQUEST FORM

Date of Request: _____
Requester: _____
School: _____
Class: _____

Will a substitute be needed: Yes No

Time(s) substitute is needed:

Period(s) substitute is needed:

Is Transportation Required?

Yes, Bus provided by: _____

If no, what transportation is being used?

Students are walking to destination.

“Permission to walk” form completed.

FIELD TRIP EXPENSES

List all costs associated with Field Trip:

Total Amount of Field Trip:

How will the Field Trip be funded:	CTEIG	K12 SWP	Other (explain):
Student Registration Cost:	Bus Transportation Cost:	Student Hotel Cost:	Flight Cost:
Sub Cost:	Other Cost:	Explain Other Cost:	

(All Field Trips which includes fees must have a supervisor-approved P.O. Requisition form attached)

DESTINATION AND PURPOSE INFORMATION

Date of Field Trip: _____

Destination: _____

Destination Address: _____

Purpose: _____

Connection to Curriculum: _____

DEPARTURE AND RETURN TIME

Departure Pick up Time: _____ Field trip event begins: _____ Ends: _____

Return Pick up Time: _____ Est. Miles Round Trip: _____

Approximate number of students: _____ Number of chaperones: _____

Additional Comments:

Note: COMBINATION OF STUDENTS AND CHAPERONES MAY NOT EXCEED 52 TOTAL NUMBER OF PASSENGERS

List chaperone's first and last name. Check the appropriate box: **F** = Fingerprinted **C** = Credentialed

- | | | | | | | | |
|----|-------|----------|----------|----|-------|----------|----------|
| 1. | _____ | F | C | 3. | _____ | F | C |
| 2. | _____ | | | 4. | _____ | | |

OFFICE USE

BUDGET APPROVAL: Yes (No

Instructional Supervisor Date

Executive Director of Educational Services Date

Chief Business Official Date