

## **FIELD TRIP REQUEST FORM**

Teacher Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Name of Group/Organization \_\_\_\_\_

Field Trip Name/Destination \_\_\_\_\_ Travel Distance \_\_\_\_\_

# of Students Attending \_\_\_\_\_ # of Chaperones \_\_\_\_\_

Name(s) of Staff Attending as Chaperones

\_\_\_\_\_ Substitute Needed Yes No

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Date(s) of Trip \_\_\_\_\_ Circle days: M T W Th F Sat Sun

Estimated Departure Time \_\_\_\_\_ Estimated Return Time \_\_\_\_\_

Total Cost of Field Trip \_\_\_\_\_ Estimated Cost to Student \_\_\_\_\_

Payment Breakdown: Amount to be paid from Student Funds \_\_\_\_\_

Amount to be paid from Internal Acct/Fund \_\_\_\_\_

Name of Acct/Fund \_\_\_\_\_

Amount to be paid from Budget \_\_\_\_\_

Mode of Transportation \_\_\_\_\_ Bus Request Attached: Yes No

Includes Overnight Stay: Yes No Out of State: Yes No Over 300 miles: Yes No

Description/ Justification/ Connection to Curriculum

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic Leader Approval \_\_\_\_\_

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**To be completed by Building Administrator**

Requires Superintendent Approval Yes No Date Submitted \_\_\_\_\_

Requires Board Approval Yes No

Administrative Approval \_\_\_\_\_

Date Approved \_\_\_\_\_ Bus Request Submitted \_\_\_\_\_