

Field Trip Request Form

Date of Trip:_____ Time Leaving:_____

Person Organizing:_____ Time Returning:_____

Destination:_____

Grades/Students Attending:_____

Number of Students:_____ Number of Chaperones:_____

Identify area(s) of the School Action Plan and/or GLEs that are addressed:_____

Mode of Transportation: _____Bus _____Cars _____Walking _____Other_____

(For bus, please fill out the Transportation Request Form)

The trip organizer is responsible for alerting the following (Check when done):

_____Administrative Assistant _____Nurse _____Kitchen _____I.A. Staff

Trip Expenses: Is there a bus expense? _____yes _____no
(If yes, contact First Student for an estimate and list below)

Bus Cost Estimate:_____

Is there an admission/activity expense? _____yes _____no
(If yes, list the amount below)

Admission/Activity Expenses:_____

Are there other miscellaneous expenses? _____yes _____no
(If yes, please list)_____

How will this trip be funded?_____

(If you are charging families, please list the amount and what it will cover.)

How will you notify families?_____

Office Use:

Principal's Signature_____Date:_____

Bus Reserved By:_____Date:_____