

## FIELD TRIP REQUEST APPLICATION

To be filled out in triplicate – submit to building principal – submit 90 days prior for overnight – submit 30 days prior for day field trip – submit a complete roster with phone numbers of all attending to Transportation Department 3 days prior to the trip

Date Submitted \_\_\_\_\_

Destination \_\_\_\_\_ Class/Group \_\_\_\_\_

Itinerary (attach separate sheet if detailed) \_\_\_\_\_

Departure Date \_\_\_\_\_ Departure Time \_\_\_\_\_ Trip less than 100 miles      yes      no

Return Date \_\_\_\_\_ Return Time \_\_\_\_\_ Trip is overnight      yes      no

Number of students \_\_\_\_\_ Number of Chaperones \_\_\_\_\_ Bag lunches will be needed      yes      no

If yes, approximate number of lunches needed \_\_\_\_\_ **Please contact the kitchen three days prior to field trip to confirm number of lunches.**

List of Chaperones:


Per student cost of trip \$ \_\_\_\_\_ (part paid by each student)    Remainder paid by \_\_\_\_\_

Teacher Sponsor(s):


Transportation :

- |                                      |                                |
|--------------------------------------|--------------------------------|
| Privately owned vehicle              | Administrative Approval Needed |
| School Bus(s)                        | # of Buses Requested           |
| Public transportation (plane, train) | Company Name                   |
| Charter Bus Company (Attach forms)   |                                |
| Other: Specify                       |                                |

In district contact person (for after school hours) \_\_\_\_\_ Phone \_\_\_\_\_

Approval:

\_\_\_\_\_  
Building Principal

\_\_\_\_\_  
Date

Approved copies returned to:

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Board of Education

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cafeteria

\_\_\_\_\_  
Transportation Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Secretary