

Field Trip & Transportation Request Form

Field trip form **MUST** be returned and approved before the field trip is finalized.

It is **VERY IMPORTANT** that the Principal's calendar is checked prior to any plans being made to ensure the date requested is open and there are no conflicts.

Date approved by & initialed: Date _____ Building Admin _____

1. **Teacher In Charge of Field Trip:** _____ Cell phone #: _____

2. **Objective of the Field Trip (How does it tie in with the curriculum?):** _____

3. **Destination of the Field Trip:** _____

Address of Destination: _____

4. **Whole Grade Level is going on same date:** Yes _____ No _____ (list teachers below)

All Classes going together: **Date of Trip** _____ **Dept Time:** _____ **Rtn Time:** _____

of Students _____ # of Staff _____ # of Volunteers _____

OR

Group 1 * **Teachers:** _____, _____, _____, _____

Date of Trip: _____ **Departure Time:** _____ **Return Time:** _____

of Students _____ # of Staff _____ # of Volunteers _____

Group 2 * **Teachers:** _____, _____, _____, _____

Date of Trip: _____ **Departure Time:** _____ **Return Time:** _____

of Students _____ # of Staff _____ # of Volunteers _____

Group 3 * **Teachers:** _____, _____, _____, _____

Date of Trip: _____ **Departure Time:** _____ **Return Time:** _____

of Students _____ # of Staff _____ # of Volunteers _____

5. Please check as applicable:

a. ___ **Special Education:** All primary case managers have completed & returned student bio sheets to Classroom teacher.

b. ___ **Transportation:** Check with Sped.

How Many Buses: _____ **Sped Bus:** Yes (# _____ wheelchairs) or No _____ Walking/ No Bua

c. ___ **The cafeteria & lunch aides have been notified.**

_____ **Normal** lunch time _____ **Modify** schedule _____ **NO** Lunch

d. ___ **Notify all Special Teachers** if you will not be attending your scheduled time.

e. ___ **Permission slips:** Due back on _____ Copy has been attached & given to office _____

f. ___ **Nurse** has been notified of the Field Trip and students needing medications.

g. ___ **Teachers:** All crisis bags have been updated w/first aid kits replenished and emergency contact information included for all students.

h. ___ **All students** have and will be instructed as to the proper conduct and safety rules.

6. Money:

Cost Per Student \$ _____ Cost Per Adult \$ _____ (Round to nearest dollar)

7. **Bus Drivers will be paid by:** _____ District _____ PTA _____ Other (Explain)

Bus Driver Wage \$ 12.25 hour

Hours x _____ how many (plus ½ hour to allow for before/loading & after/unloading)

Sub Total Wages \$ _____

of Buses x _____

Total Cost \$ _____

*****Office Use Only*****

Trans. \$ _____

PTA Reimb Ck# _____ Date _____

District Ck# _____ Date _____