



FIELD TRIP REQUEST FORM

Instructional goals must be attached to this form

Parts I, II and III are to be completed by the teacher or staff member requesting the trip and must be submitted a **minimum of 21 days prior to the date of the field trip** (60 days if more than 50 miles or requiring an overnight stay). **Please be sure to notify your Principal of any change in date or cancellation.**

For Central Office Use:

Date of Trip: _____

Building: _____

PART I			
Today's Date:		Date of Trip:	
Destination:		Alternate Date:	
Building Pick up Location:		Other Stops:	
Departing Time:		Round Trip Mileage:	
Return Time:		Purpose of Trip: (Attach instructional goals)	
Requesting Teacher(s) Name(s) List:		Attendees	
		# Students:	
		# Staff:	
		# Chaperones:	
		Total Attendees:	
ATTACH FIELD TRIP ROSTER WITH COMPLETE LIST OF STUDENTS AND STAFF Send final roster of attendees to Principal on day of trip prior to departure.			
Nurse required?* <input type="checkbox"/> Yes <input type="checkbox"/> No			
*Check with Questar health services to determine if a nurse is needed.			
PART II-Transportation			
Walking Field Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No		Transportation needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lift bus needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of transportation to be used? <input type="checkbox"/> Parents <input type="checkbox"/> District Bus <input type="checkbox"/> Rented Bus <input type="checkbox"/> CDTA	
# of Wheelchairs:		# of Seatbelts:	
Bus needed to wait at site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Transportation Company Name:		Transportation Price Quote \$	
Payment Type: <input type="checkbox"/> Pre-Pay <input type="checkbox"/> P.O. <input type="checkbox"/> Extra-classroom Account <input type="checkbox"/> Other _____			
PART III-Admission Fees (if applicable)			
It is the teacher's responsibility to obtain a quote for admission costs and submit to their respective building principal. Teachers must work with the building administrative assistant to arrange for payment.			
Admission Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cost per participant: \$	
Vendor Name:		Admission Price Quote \$	
Payment Type: <input type="checkbox"/> Pre-Pay <input type="checkbox"/> P.O. <input type="checkbox"/> Extra-classroom Account <input type="checkbox"/> Other _____			
PART IV (TO BE COMPLETED BY BUILDING PRINCIPAL)			
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED		NOTES:	
Principal's signature:		Date:	
PART V (TO BE COMPLETED BY PROGRAM DIRECTOR)			
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED		NOTES:	
Director's signature:		Date:	
PART VI (TO BE COMPLETED DISTRICT SUPERINTENDENT)			
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED		NOTES:	
Superintendent's signature:		Date:	