

Vehicle/Field Trip Request



Date of Trip _____

Departure Time _____

Return Time _____

Name _____

Class/Grade _____

Destination _____

Type of Vehicle: _____ School Van
_____ School Bus
_____ Personal Vehicle

Depart from: _____ South Door - H.S.
_____ Rear parking lot

Number attending: _____ Students
_____ Adults

***NOTE: You MUST submit a class list of those who actually attend this field trip to your building secretary! Cross off the names of any students who did not go on the trip. Also, DO NOT FORGET to list your Name & the specific Class/Grade in the upper portion of this form.**

Describe the educational benefits and list the applicable State Standards of this field trip:

Will a substitute be necessary? _____ Yes (# of days) _____ No

Estimated Field Trip Costs (must be completed before trip approval)

_____ Bus \$1.25 per mile _____ Van \$ 0.62 per mile
_____ Driver \$14.50 per hour _____ Sub teacher \$45 for half day or \$90 for full day
_____ Other fees varies

Total estimated cost \$ _____

Upon returning from the trip, request bill for the amount agreed to be reimbursed to the district.

Is this a PTO-funded trip? _____ Yes* _____ No

**If yes, you must complete a PTO payment order!*

_____ Approved
_____ Not Approved

Principal's Signature

Date

Transportation Supervisor's Signature

Office use only: Expense billed to organization? Miles _____ Driver _____
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