



Vehicle/Field Trip Request

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

Name: _____

Grade: _____

JH & HS Specific Subject/Class(es): _____
(MUST include Class Period(s) & Class List)

Destination: _____

Type of Vehicle: School Van School Bus Drivers Education Car Activity Bus

Teacher Driven? Yes* No* **Driver's License #:** _____

Depart from: South Door-H.S. Rear Parking Lot
 Front of High School Front of Grade School

Number attending: Students Adults

***NOTE: For reimbursable field trips, teachers must attach a class list to 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 \$12.50 per hour Sub teacher \$47.50 for half day or \$95 for full day
Other fees

Total Estimated Cost \$ _____

Is this a PTO-funded trip? Yes* No

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

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

Principal's Signature

Date

Approved
 Not Approved

Superintendent's Signature

Date

Approved
 Not Approved