**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: S**chool 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

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

**Total Estimated Cost $**

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

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

Approved

**Principal’s Signature Date** Not Approved

Approved

**Superintendent’s Signature Date** Not Approved

Scheduled

**Transportation Director Signature Date** Not Scheduled