

FIELD TRIP FORM

Requester's Name: <i>(Person listed has ultimate responsibility for trip)</i>		Date of Request:	
Group Taking the Trip:		Date(s) of Trip:	
Street Address of Destination: <i>(Be Specific)</i>			
City of Destination:		Destinaton State:	
Fee Charged per Student: <i>(Specific Amount Paid)</i>	Number of Student Participants:	Number of Chaperones:	Number to be Transported:
Grade Level of Students Being Transported: <i>(Indicate all grades)</i>	Number of Students Absent from School Lunch: <i>(During School)</i>	Do you want school lunches for your group? <i>(Yes or No)</i>	Total School Lunches Requested: <i>(Include Drivers)</i>
Out-of-State Field Trip: <i>(Yes or No)</i>	Overnight Field Trip: <i>(Yes or No)</i>	Substitute Teacher Needed: <i>(Indicate None, Whole Day or Half Day)</i>	
Please Request the Number and Type of School Buses <i>(The number indicates capacity with 3 students to a seat)</i> {An administrator will have the ultimate responsibility for assigning the number and size of buses}			
Large Bus w/Luggage (84 passengers with 3 students per seat)	Regular School Bus (72 passengers with 3 students per seat)	Wheelchair Bus (54 passengers w/wheelchair)	Activity Bus (Limited to 14 passengers)
Departure Location: <i>(Use Door Number or East/West Side of Building)</i>			Departure Time:
Return to Location: <i>(Use Door Number or East/West Side of Building)</i>			Return Time:
School Representative on Field Trip with Cell Phone:		School Rep. Cell Number:	
Site Contact Person and Telephone Number at Destination:		Site Contact Number:	
Activity Description:			
Requester's Name: <i>(Person listed has ultimate responsibility for trip)</i>		Date:	
Principal's Approval		Date:	
Superintendent's Approval		Date:	
Board of Education Report/Approval		Date:	
NOTE: All field trips outside the state or overnight must be approved by the Board of Education.			

FIELD TRIP TRANSPORTATION FORM

Requester's Name <i>(Person listed has ultimate responsibility for trip)</i>		Date of Request	
Group Taking the Trip		Date(s) of Trip	
Street Address of Destination <i>(Be Specific)</i>			
City of Destination			Destination State
Number of Student Participants	Number of Chaperones	Grade Level of Students Being Transported	Total Number to be Transported
Departure Location <i>(Use Door Number or East/West Side of Building)</i>			Departure Time
Return to Location <i>(Use Door Number or East/West Side of Building)</i>			Return Time
School Representative on Field Trip with Cell Phone			School Rep. Cell Number
Site Contact Person and Telephone Number at Destination			Site Contact Number

Box Marked Indicates Bus Size/Equipment Necessary to Accommodate Transportation Request

Large Bus w/Luggage (84 passengers with 3 students per seat)	Regular School Bus (72 passengers with 3 students per seat)	Wheelchair Bus (54 passengers w/wheelchair)	Activity Bus (Limited to 14 passengers)
Bus Assignment Made By			
Driver Assigned			

TRIP COST SECTION

Driver Actually Driving Trip (Printed Name)			
Bus Number Used for the Trip			
Driver's Start Time Including Pre-Trip Inspection			
Driver's End Time Including Post-Trip Inspection			
Driver's Total Time	Driver's Wage & Benefits (Hours multiplied by wage/benefit of \$14.00 or \$42.00 which is ever greater)		
Vehicle Start Mileage (Must be included to receive payment)	Vehicle End Mileage (Must be included to receive payment)		Total Trip Mileage
Total Trip Miles Minus 180	Excess Mileage Cost (Miles over 180 multiplied by a rate of \$.50)		Second Activity Bus Charge of \$40
Driver's Signature	Total Charge for Transportation		
Signature to Authorize Payment			

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