

Academic and Athletic Field Trip Request

DUE DATES: Semester 1: September 4, 2020 **Overnight/Out of State (See field trip guideline #16 for details)**
 Semester 2: December 4, 2020 • **Extended trips-14 months in advance**
 Summer: May 7, 2021 • **Short trips-2 months in advance**

****School days, all fieldtrips must begin after 9:00 am and return to school by 1:15 pm (W) and 2:15 pm (M, T, Th,F)****

SCHOOL _____ STUDENT GROUP _____ DATE SUBMITTED _____

TEACHER(S) RESPONSIBLE _____

TYPE OF TRIP ACADEMIC CO-CURRICULAR EXTRA-CURRICULAR

NUMBER OF SUBSTITUTE TEACHERS NEEDED _____ FULL DAY AM PM

DEPARTMENT CHAIR _____ ACCOUNT NUMBER _____ SUB COST _____

DESTINATION (IF THIS IS AN OVERNIGHT FIELD TRIP, INDICATE THE NAME & LOCATION OF THE PLACE WHERE THE STUDENTS WILL BE STAYING.)

ADDITIONAL STOPS AT _____

LEAVE

PLACE _____ TIME _____ DAY OF WEEK _____ DATE _____

RETURN

PLACE _____ TIME _____ DAY OF WEEK _____ DATE _____

TOTAL # OF STUDENTS _____ TOTAL # OF CHAPERONES _____ TOTAL # OF PASSENGERS _____

OF SCHOOL BUS(ES) _____ # OF MID BUS(ES) _____ HANDICAP VEHICLE _____

OF SPECIAL NEEDS BUS(ES) _____ # OF WHEELCHAIRS _____ # OF STAR SEATS _____ # OF SEATBELTS _____

COMMERCIAL COACH _____ BOX BED TRUCK _____ SEMI _____

EDUCATIONAL OBJECTIVES: *be specific, cite curriculum*

HOW WILL THE OBJECTIVES CONTRIBUTE TO YOUR INSTRUCTIONAL PROGRAM:

TOTAL FINANCIAL COST TO EACH STUDENT (INCLUDING MEALS) _____

TEACHER'S SIGNATURE _____ DATE _____

PRINCIPAL'S SIGNATURE _____ DATE _____

CENTRAL OFFICE _____ DATE _____

CAFETERIA NOTICE
 This field trip will take the students away from school during lunch.

YES NO

DATE COPY SENT TO CAFETERIA: _____

ACADEMIC AND ATHLETIC FIELD TRIP INFORMATION

GRADE OR GROUP _____ DATE OF TRIP _____

DRIVER COST

❖	❖ DRIVER COST IS \$53.49 MINIMUM (3 HOURS) PER BUS ANYTIME.									
	❖ IF THE TRIP IS BEFORE/AFTER SCHOOL OR WEEKENDS, PLEASE INCLUDE 45 MINUTES FOR BUS PREP AND CLEANUP.									
_____ X	\$17.83 per hour	X	_____	=	_____	/	_____	=	_____	
# hours	(hourly rate with benefits)		# buses		total		# students		Per student	

BUS COST (PAID IN ADDITION TO DRIVER COST)

_____ X	.90 per mile	X	_____	=	_____	/	_____	=	_____	
Total Round Trip miles	fuel costs		# buses		total		# students		Per student	

Total Per Student Transportation Cost = Per Student Driver Cost + Per Student Bus Cost

WE WILL EAT LUNCH AT _____	
WILL YOU NEED A CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT OF CHECK _____	

WE NEED TO PAY ADMISSION TO _____	
AMOUNT OF CHECK _____	

WE NEED TO PAY ADMISSION TO _____	
AMOUNT OF CHECK _____	

Cost per Student
\$

Total Cost per Student

*****FOR OFFICE USE*****

Room	# Students	Student Cost	Adult Cost	Student Paid	Adult Paid	Student #Not Paid	Adult # Not Paid	Amount Due from Room	Amount Paid	Date Receipt #

Actual Admission	Rec'd from students:	Total Trip:
Actual Meal Cost	Rec'd from adults:	
Actual Bus Cost	Rec'd from parent Group:	Over:
Actual Fuel Cost	Rec'd from:	Under:
Total Paid Out	Total Rec'd:	