## CENTER GROVE COMMUNITY SCHOOL CORPORATION

## **Academic and Athletic Field Trip Request**

DUE DATES: Semester 1: August 31, 2021 Semester 2: December 3, 2021 Summer: May 6, 2022

SCHOOLSTUDENT G	ROUP		DATE SUBMITTED		
TEACHER(S) RESPONSIBLE					
TYPE OF TRIP ACADEMIC	☐ CO-CURRICULAR ☐ EXTRA-0	CURRICULAR			
NUMBER OF SUBSTITUTE TEACHERS	S NEEDED	☐ FULL DAY ☐ AM	☐ PM		
DEPARTMENT CHAIR	ACCOUNT NUM	BER	SUB COST		
DESTINATION IF THIS IS AN OVERN	NIGHT FIELD TRIP, INDICATE THE NA	AME & LOCATION OF THE PLAC	E WHERE THE STUDENTS WILL BE STAYIN		
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 PAS	SENGERS		
# OF SCHOOL BUS(ES)	# OF MID BUS(ES)	HANDICAP VEHIC _E	i.		
# OF SPECIAL NEEDS BUS(ES)	# OF WHEELCHAIRS	# OF STAR SEATS	# OF SEATBELTS		
COMMERCIAL COACH	BOX BED TRUCK	SEMI			
EDUCATIONAL OBJECTIVES: be					
HOW WILL THE OBJECTIVES CO	NTRIBUTE TO YOUR INSTRUCTION	ONAL PROGRAM:			
TOTAL FINANCIAL COST TO EACH ST	UDENT (INCLUDING MEALS)				
TEACHER'S SIGNATURE	DATE	<u> </u>	CAFETERIA NOTICE This field trip will take the students awayfrom school during lunch.		
PRINCIPAL'S SIGNATURE		<u> </u>	☐ YES ☐ NO  DATE COPY SENT TO CAFETERIA:		
CENTRAL OFFICE	 DATE				

## ACADEMIC AND ATHLETIC FIELD TRIP INFORMATION

RADE OR GROUP	DATE OF TRIP	
WE WILL EAT LUNCH AT		Cost per Student
WILL YOU NEED A CHECK?		
WE NEED TO PAY ADMISSION TO		
AMOUNT OF CHECK		
WE NEED TO PAY ADMISSION TO		
AMOUNT OF CHECK		
	Total Cost per Student	\$

## \*\*\*FOR OFFICE USE\*\*\*

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