

REQUEST FOR FIELD TRIP

This request must be submitted to the Transportation Department and all other departments listed below within 30 school days in advance of field trip.

School Site _____ Teacher/Coach in Charge _____ Date _____
Grade _____ # of Pupils _____ # of Adults _____
Destination _____
Purpose of Trip _____ Date of Trip _____
Departure Time _____ Pick Up Time _____ Estimated time arrival back at school _____

** PLEASE NOTE - IF SCHOOL CONTRACTS WITH CHARTER BUS SERVICE FOR FIELD TRIP THIS FORM MUST STILL BE SUBMITTED TO ALL DEPARTMENT FOR BILLING, LUNCHES AND MEDICATION REASONS **

CODE TO:

----- \$ _____
----- \$ _____

APPROVALS

Has clearance been obtained from resource to be visited? _____
BY WHOM _____
Has permission slip been sent home with each child? _____

Are lunches needed? _____ Number of lunches _____
*Students with dietary/allergy needs? _____ *Number of dietary/allergy lunches _____

Type of Diet/allergy need:
ie. - gluten, dairy, nuts

If lunches are needed, complete Field Trip Lunch Request form HERE

Student(s) requiring medication administered? _____

First and Last name of Student (s) _____
(Nurse will verify upon receipt of form)

Program & Budget Approval: _____ Date: _____
Principal

Transportation Approval: _____ Date: _____
Director of Transportation

TO BE COMPLETED BY DRIVER AFTER TRIP

Driver Assigned: _____ Bus Assigned: _____

Odometer Reading - End _____ Time Begin: _____

Odometer Reading - Start _____ Time End: _____

TOTAL MILES _____ TOTAL TIME _____/hrs

FEE CALCULATION (See below)

MILEAGE FEE: _____
DRIVER FEE: _____
SUBTOTAL TRAN FEE: _____

HEALTH FEE \$40.00

TOTAL FEE: _____

Fees Bus Driver Time: Fixed Flat Rate \$36.00/per hr Fees for Bus/Van: Price per mile - \$3.00 Bus, \$0.35 Van
Health Fee: Fixed Flat Rate of \$40.00 per field trip

DISTRIBUTION TO: Business Office, Transportation, Food Services, School Site, Nurse