

APPLICATION FOR FIELD TRIPS AND BUS TRANSPORTATION

All requests must be received at the office AT LEAST THREE WEEKS prior date of trip.

DATE SUBMITTED: _____ PERSON IN CHARGE OF GROUP: _____

DESTINATION (BE EXPLICIT): _____

NAMES OF CHAPERONES: _____

NO. OF STUDENTS INVOLVED: _____ DESCRIPTION OF GROUP: _____ GRADE: _____

TRANSPORTATION: School Bus () Public Bus () Car () Van ()

DESIRED DATE: _____ ALTERNATE DATE: _____

MILEAGE (Estimated) ROUND TRIP: _____ COST: \$2.72 PER MILE _____

(Bus Minimum): \$79.16

TIME LEAVING SCHOOL: _____

WAITING TIME: \$10.51 _____

TIME LEAVING FIELD TRIP SITE: _____

TIME OF RETURN TO SCHOOL: _____

EXPENSES: (Other than mileage - Admissions, etc.) _____

SUBSTITUTES: (List date required) _____ RATE PER DAY: \$85.00 _____

TOTAL COST: _____

APPROXIMATE TOTAL COST PER PERSON: _____

CURRICULUM APPLICATION: (State how this trip will contribute to your teaching plan)

1. Topic being studied: _____

2. Objectives of trip in relation to topic: _____

3. Educational preparations for the trip: _____

4. Follow-up plans and activities: _____

TRIP ITINERARY: On the back side of this application give a concise itinerary.

NO. OF SUBSTITUTES REQUIRED: _____

DRIVER LAYOVER TIME: _____ COST OF DRIVER LAYOVER: _____

TOTAL ESTIMATED COST OF TRIP: _____

APPROVAL: PRINCIPAL: _____ DATE: _____

SUPERINTENDENT: _____ DATE: _____