



### FIELD TRIP REQUEST FORM

**All trips must be confirmed a minimum of 3 days prior to the event**

1. NAME OF ACTIVITY: \_\_\_\_\_

2. LOCATION (PLACE, TOWN, STATE): \_\_\_\_\_

3. DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

4. PERSON IN CHARGE OF TRIP: \_\_\_\_\_

5. SCHOOL NURSE REQUIRED? **If "yes" is checked, School Nurse must sign below**

YES \_\_\_\_\_ NO \_\_\_\_\_

6. How does this trip correlate to grade level/subject areas of curriculum?

\_\_\_\_\_  
\_\_\_\_\_

#### **CHAPERONES**

#### **Substitute Required?**

_____	YES _____	NO _____
_____	YES _____	NO _____
_____	YES _____	NO _____
_____	YES _____	NO _____

#### **TRANSPORTATION - SECURING TRANSPORTATION IS THE RESPONSIBILITY OF THE PERSON IN CHARGE OF THE TRIP**

Have you secured transportation? YES \_\_\_\_\_ (Attach e-mail confirmation) NO \_\_\_\_\_

COST \_\_\_\_\_ HOW WILL TRANSPORTATION BE PAID FOR? \_\_\_\_\_

WILL THERE BE A CHARGE TO STUDENTS FOR TRANSPORTATION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT IS THE COST PER STUDENT FOR: ACTIVITY: \$ \_\_\_\_\_ TRANSPORTATION: \$ \_\_\_\_\_

**TOTAL COST PER STUDENT: \$ \_\_\_\_\_**

#### **I HAVE SUBMITTED THIS ON AESOP**

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

(PLEASE PRINT)

PRINCIPAL / DISTRICT DIRECTOR / SUPV \_\_\_\_\_ DATE: \_\_\_\_\_

**KHS ONLY:** DEPT SUPV / BLDG DIR / SUPV \_\_\_\_\_ DATE: \_\_\_\_\_

Secretary's Initials \_\_\_\_\_

#### **CENTRAL OFFICE USE ONLY**

SUPERINTENDENT \_\_\_\_\_ DATE: \_\_\_\_\_

BOARD MEETING APPROVAL DATE: \_\_\_\_\_