

Field Trip Request Form

Date of Trip: _____ Has the date been cleared with transportation? _____

Club or Sponsor Requesting Field Trip _____

Destination _____

Pick-Up Point: _____ Leave Time: _____ Return Time: _____

Sponsor in Charge (Please list ALL Professional Staff members attending): _____

Number of Chaperones (even those not expected to travel on a school vehicle): _____

Goals & Objectives of Trip: _____

Relate trip to your classroom/club curriculum: _____

Summary of Supervisory Plan: _____

STUDENT COSTS:

Number of Students _____
 Cost per Student _____ fees, meals, misc.
 Misc. _____
 Total Cost of Trip _____

BUS TYPE:

_____ Corporation Bus
 _____ Mini Bus
 (14 plus driver max)
 _____ Other - specify

Received By: _____ Date: _____

Principal's Signature: _____ Date: _____

Sponsor's Signature: _____ Date: _____

If needed, name and fund number paying for substitute teacher: _____

<i>for treasurer use only</i>	
TOTAL PAYMENT:	
Student Contribution	\$ _____
ECA Contribution	\$ _____
Name of ECA Fund _____	
Corporation Paid	\$ _____ Account # _____

<i>for transportation department use only</i>	
The bus driver(s) for this trip will be: _____	Phone: _____
	Phone: _____

<i>for central office use only</i>		
	Approve _____	_____
	Deny _____	Date
	Superintendent Signature	

Charles A. Beard Memorial School Corporation
Trip Plan - Due Two Weeks Prior to Trip

Date and Time of Trip: _____

Destination of Trip: _____

If Overnight, Name, Address, Telephone, and Fax of Accommodations: _____

If Overnight, Parties Responsible for Payment: _____

Head Sponsor of Trip: _____

Vehicle(s) in Use During Trip: _____

Meal Plan for Duration of Trip (list all meals, places and those responsible for payment)

Complete Itinerary for Trip (including times): _____

Chaperone(s) of Trip: _____

Duties of Chaperone(s): _____

USE ADDITIONAL SHEETS IF NECESSARY