## 2022/2023 School Field Trip Request Form

No.810-AR-7

(1 Field Trip per Request Form) Teacher's Name \_\_\_\_\_\_ Bldg. \_\_\_\_\_ Date of Field Trip \_\_\_\_\_ Today's Date \_\_\_\_\_ Place to be Visited \_\_\_\_\_ Departure Time from School \_\_\_\_ Expected Return Time to School Total Length of Trip (Hrs.) Number of Students Number of Teachers/Parents Total Passengers Number of Buses Requested \_\_\_\_\_ Number of Vans Requested \_\_\_\_ Number of Miles to be Traveled Anticipated Costs: Admission Fee: Minimum Bus: \$150.00 Minimum (Canton, Mansfield, Towanda) \*Plus Driver Fee \$125.00 Minimum (Local around Troy) \*Plus Driver Fee Minimum Van: \$100.00 - total mileage only must meet minimum \*Plus Driver Fee Anticipated Driver Fee: \$14.00 hr. (all hours) Anticipated Mileage Fee: \$ 2.50/mile for bus/\$ 2.00/mile for van Total Anticipated Costs of this Trip How is field trip to be funded? School District \_PTSO \_\_ Foundation\_\_ Other Number of Field Trips taken this year prior to this request? Comments: Teacher's Signature Emergency phone number (Staff Cell) Approved Disapproved Reason: Signatures: Principal Business Administrator\_\_\_\_\_ Superintendent After approval: Procedures Completed: Permission Slips Lunch (Two Weeks in Advance to Cafeteria Manager) Return to Building Administration \_\_\_\_ Chaperones Three Days Prior to Trip \_\_\_\_\_ Notify office for any checks required (Two Week Notice) \_\_\_\_ Substitute teacher needed Nurse Request made to building principal \*Provide list of students to the School Nurse for any Medical Conditions/Issues. \*Must return completed bus seating chart 3 days prior to trip. Confirmation by Transportation Office/Bus Contractor Date Request Received \_\_\_\_\_ Confirmed as Requested: Yes\_\_\_ No \_\_\_\_ Transportation Director's Signature Bus Contractor Notified \_\_\_\_\_ Entry into Calendar Return Receipt

Revised 10/4/2022 (school year: 2022/2023)