

**FIELD TRIP REQUEST FORM**

Teacher \_\_\_\_\_ School/Class \_\_\_\_\_

Trip Date \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Destination \_\_\_\_\_

Number of Students \_\_\_\_\_ Number of Staff/Chaperones \_\_\_\_\_

Substitute Teacher Needed  Yes  No Time Substitute(s) Needed \_\_\_\_\_

Substitute Requested \_\_\_\_\_ Substitute Funding Source (ASN) \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

Course of Study \_\_\_\_\_

Specific Learning Objectives to be Accomplished \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Student Behaviors that will Confirm Achievement of the Learning Objective \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Course Objectives Related to the Learning Objectives \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Pre-Trip Lessons/Activities to be Done in the Classroom \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Post Trip Activities/Lessons to Reinforce/Extend Learning \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have utilized the guidelines in 2340A to plan, conduct, and evaluate the trip and, upon approval of the trip, I will obtain parental permission (2340 F2 or F2A) and use the Checklist for Trips (2340 F3).

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

**Field Trip Approval**Trip Approved:  Yes  No Principal \_\_\_\_\_ Date \_\_\_\_\_Trip Approved:  Yes  No Director of Instruction \_\_\_\_\_ Date \_\_\_\_\_

(See Second Page for Transportation Information)

Original: Instruction Office

Copies: Transportation Office \_\_\_\_\_ Building Administrator \_\_\_\_\_ Switchboard \_\_\_\_\_

## TRANSPORTATION DEPARTMENT

(To be completed by the originator of the filed trip)

Date of Trip \_\_\_\_\_ Destination \_\_\_\_\_

Departure Time \_\_\_\_\_ Return Arrival Time \_\_\_\_\_ Number of Buses \_\_\_\_\_

Departure Location \_\_\_\_\_

Bus Funding Source  Self Funded (Describe Source and/or ASN) \_\_\_\_\_  
 District Funded

### Trip Confirmation

This trip has been approved and scheduled. Drivers assigned are:

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

### Bus Driver Report

This is to certify that the above trip was made and to request payment under the Board of Education policies.

Bus Driver Name \_\_\_\_\_ Date \_\_\_\_\_ Bus # \_\_\_\_\_

Start time \_\_\_\_\_ Return time \_\_\_\_\_ Total time of trip \_\_\_\_\_

Speedometer reading at start of trip \_\_\_\_\_ End of trip \_\_\_\_\_

Total miles traveled on this trip \_\_\_\_\_ Total gallons of gas used \_\_\_\_\_

Remarks \_\_\_\_\_

Driver's Signature \_\_\_\_\_

Distribution:

1 - Each bus

1 - Transportation Director

1 - Originator after assignment of buses

Field Trip No: \_\_\_\_\_