COMPLETE AND RETURN THE FOLLOWING TO ASSISTANT PRINCIPAL

Grade Level: _____ Teacher: _____ Date of Request: _____

Date of Trip: _____ Departure: _____ Return Time: _____

Destination of Trip: _____

Address & Phone: _____

Round Trip Mileage: _____

Number of Students: _____ Cost per students: _____

Total of Adults: _____ Teachers: _____ Assistants: _____ Parents: _____

Cost per Adult (if applicable): _____

Type of Transportation: School Bus Activity Bus Charter Bus

Cost of Charter Bus: _____ Cost of Activity Bus: _____

Charter Bus Company Name & Phone: _____

List the purpose and learning objectives of the field trip, the relationship with school activities and subsequent follow up activities.

_____

_____

_____

_____

_____

_____

Teachers Signatures:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Administrative Signatures:

_____ / _____

Office Use: Total Amount Paid: _____ Check #: _____

Check Date: _____