

### Weddington High School Field Trip Request

*This form should be completed a minimum of three weeks in advance of the actual field trip date. Once approved, the sponsor is to immediately provide the nurse with a list of potential participants so that she can advise as to whether or not there are any students who have medical factors that will need to be considered. The sponsor is also responsible for emailing all staff member with a list of participating students for attendance purposes. Copies of the completed students' permission forms must be turned in to the front office at least one day prior to the field trip departure. Please check for test dates and other events when scheduling a trip. Keep in mind that all trips must be chaperoned using a 10:1 rule. It is your obligation to ensure each chaperone is UCPS approved.*

**Step 1: To be completed by the teacher (field trip sponsor)**

Trip Sponsor: \_\_\_\_\_ Class/Organization \_\_\_\_\_

Date of trip(s): \_\_\_\_\_ Departure time: \_\_\_\_\_ Return time: \_\_\_\_\_

Destination: \_\_\_\_\_

Do you agree to submit an article (picture please) to be featured on the school webpage regarding the impact to student learning within 5 school days of returning from the trip?      **Yes** \_\_\_\_\_      **No** \_\_\_\_\_

Roundtrip Mileage: \_\_\_\_\_ x **\$2.00** per mile =      a) \$ \_\_\_\_\_

Cost of Driver (round to half hour): \_\_\_\_\_ hours x **\$14.00** per hour =      b) \$ \_\_\_\_\_

Cost of Substitute: \_\_\_\_\_ day(s) x **\$105.50** per day =      c) \$ \_\_\_\_\_

Other fees \_\_\_\_\_ =      d) \$ \_\_\_\_\_

TOTAL (a+b+c+d):      e) \$ \_\_\_\_\_

f) Number of students: \_\_\_\_\_      g) **Cost per student**(e/f): \_\_\_\_\_

What will your students learn? How will you know? (use additional page if needed).

What activities have you planned for your group to assess and extend the educational value of this trip? (use additional page if needed)

Will you have approved chaperones present (One for every 10 students)?      **Yes** \_\_\_\_\_      **No** \_\_\_\_\_

Will parent permission for all students be completed and in the office before the trip?      **Yes** \_\_\_\_\_      **No** \_\_\_\_\_

Will you submit a roster and emergency contact information to the nurse?      **Yes** \_\_\_\_\_      **No** \_\_\_\_\_

Will there be funds available for students who cannot pay for the trip?      **Yes** \_\_\_\_\_      **No** \_\_\_\_\_

**Step 2: Administrative Approval**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ AP in charge of field trips: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 3: To be completed by Athletic Director**

Activity bus requested: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Bus Available/Reserved: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Bus(es) assigned: \_\_\_\_\_

Driver needed: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Driver Name/number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 4: To be completed by the School Bookkeeper:**

Roundtrip Mileage: _____ x \$2.00 per mile =	a) \$ _____	
Cost of Driver (round to half hour): _____ hours x \$14.00 per hour =	b) \$ _____	
Cost of Substitute: _____ day(s) x \$105.00 per day	c) \$ _____	
Other fees _____	d) \$ _____	
TOTAL (a+b+c+d):		e) \$ _____
f) Number of students: _____	g) <b>Cost per student</b> (e/f): _____	

Account to be charged: \_\_\_\_\_ Club: \_\_\_\_\_

Funds Available? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, indicated source of payment: \_\_\_\_\_

Check Payable to: \_\_\_\_\_ Amount: \_\_\_\_\_

Bookkeeper signature: \_\_\_\_\_ Date: \_\_\_\_\_