



**FIELD TRIP REQUEST FORM**

E 5131.8(a)

Requested By:	
Name: _____	Date: _____
Contact Phone: _____	Site/Dept: _____

Travel Information:	
Description of Activity:	_____
Type of Activity:	_____
Total # of Students:	_____ Grade(s): _____
Total # of Chaperones:	_____
Special Instructions:	_____

Vehicle(s) Requested:	School Bus		Charter Bus		Van	
	Car		SUV		Other	

Departure Information:		
Date: _____	Time: _____ AM / PM	Day of Week: _____
Destination: _____	Mileage (round trip): _____	
Comfort Stop: _____		

Return Information (Estimated Arriving Time at Exeter):		
Date: _____	Time: _____ AM / PM	Day of Week: _____
Comfort Stop: _____		

Health Accommodations Needed:	

Estimated Cost					
Fees/Registration	Lodging	Meals	Substitute(s)	Other	Mileage Cost

Budget Line: \_\_\_\_\_

Signatures & Date:	
RN/LVN	
Supervisor/Principal	
Superintendent	
School Board <i>(150+ Mileage roundtrip)</i>	