FIELD TRIP REQUEST FORM

Teacher _________________________________________ School/Class ______________________

Request Date ____________ Trip Date _____________ Destination ___________________________

Number of Students _________________ Number of Staff/Chaperones ________________________

Bus Funding Source:
_____ Self Funded (Describe source and/or ASN) __________________________________________
_____ District Funded

Substitute teacher(s) needed _____ Date/Times substitute(s) needed __________________________

Purpose of Trip _____________________________________________________________________

Course of Study ____________________________________________________________________

Specific Learning Objectives to be Accomplished:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Student Behaviors that will Confirm Achievement of the Learning Objectives:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

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).

Field Trip Approval

Trip Approved:_____ Trip Disapproved:_____ Principal:_______________________ Date:___________

Trip Approved:_____ Trip Disapproved:_____ Superintendent:________________ Date:___________

(Over)
TRANSPORTATION DEPARTMENT

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

Date of Trip: _______________  Destination: ____________________________________________

Departure Time: _____________  Return Arrival Time: ____________  Number of Buses: __________

Departure Location: __________________________________________

Certification

This is to certify that this trip, as requested, is in conformity with the administrative guidelines
established by the District as well as any applicable State regulations.

Date: _______________  Signature: ______________________________________  Business Office

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.

Date: ______  Bus No.: _______  Total time of trip: ________________________________

Speedometer reading at start of trip: ___________________________  End of trip: ______________________

Start time: _____________  Return time: _______________

Total miles traveled on this trip: ______________________  Total gallons of gas used: _______________

Remarks:
__________________________________________________________________________________

Driver's signature: _________________________________________________

Distribution:
1 - Each bus
1 - Transportation Supervisor
1 - Originator after assignment of buses

Field Trip No.: _____________________________

7/8/10

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