

# 2017 WEST CLARK COMMUNITY SCHOOLS

## FIELD TRIP REQUEST for

[Redacted School Name]

**Section A**

**School Name**

**COMPLETE ALL HIGHLIGHTED AREAS:** All trip requests must be pre-approved by building Principal. Overnight OR out of state trips must be pre-approved by the Superintendent & School Board.

Overnight

Date(s) of Trip:

Out of State?  YES  NO

Teacher/Sponsor in charge:

Overnight?  YES  NO

Cell Phone number:

Class/Grade/Club requesting field trip:

Where are you going? (Name & city/state):

Number of vehicles needed:  School Bus  White Activity Bus  Coach  Other

**EXCEL TIP:** Text in this worksheet will automatically wrap within a cell at the end of the line. In multi-line cells, to start a new line of text at a specific point, click where you want to break the line, and then press ALT +ENTER. REV 10/15

**Section B**

**Section C**

**ACTIVITY BUS DRIVER(S) ONLY**

Cert Driver

Name of Driver:

DEPARTURE TIME:

Name of Driver:

RETURN TIME:

Name of Driver:

**Total hours + 30 minutes (pre/post trip)**

**Section D**

Total Cost per student:

Estimated Bus Cost:

Other costs:

**Total Cost**

**Section E**

How will fieldtrip be paid for? (i.e. Grant, PTO, student pay, etc.)

Description of fieldtrip activity:

Goals & objectives of fieldtrip:

X in box to verify activity is part of goals/objectives of an approved course or curriculum.  YES

Submitted by:

Date:

(CHECK SECTION "C" FOR TOTAL HOURS) SIGNATURE

Principal:

Superintendent:

Coach/Sponsor:

(BOX "B" MUST BE FILLED IN - DEPARTURE TIME) SIGNATURE

# 2017 WEST CLARK COMMUNITY SCHOOLS

## FIELD TRIP TIME SHEET

DT: Drive Time  
LT: Layover Time

|                 |  |                  | DT | LT |
|-----------------|--|------------------|----|----|
| 1. DRIVER NAME: |  | DRIVER SIGNATURE |    |    |
| 2. DRIVER NAME: |  | DRIVER SIGNATURE |    |    |
| 3. DRIVER NAME: |  | DRIVER SIGNATURE |    |    |
| 4. DRIVER NAME: |  | DRIVER SIGNATURE |    |    |
| 5. DRIVER NAME: |  | DRIVER SIGNATURE |    |    |
| 6. DRIVER NAME: |  | DRIVER SIGNATURE |    |    |

\*Sponsor signature must be present to authorize driver pay:

|                |  |  |
|----------------|--|--|
| OFFICE TOTALS: |  |  |
| USE ONLY:      |  |  |

BUS BEGINNING MILEAGE:

BUS ENDING MILEAGE:

Mileage and Trip Times to be filled out by Coach/Sponsor on trip day.

|                    |                      |                      |                      |
|--------------------|----------------------|----------------------|----------------------|
| TRIP LEAVE TIME    | <input type="text"/> | Destination Arrival: | <input type="text"/> |
| Destination Leave: | <input type="text"/> | Restaurant Arrival:  | <input type="text"/> |
| Restaurant Leave:  | <input type="text"/> | Return to School:    | <input type="text"/> |

**Directions:**

1. Fill out the front page completely. ALL 5 SECTIONS.
2. Your building principal must sign the bottom of the front page.
3. Submit form to the Superintendent's office for approval.
4. Once approved, office staff will complete a portion of the back side of the sheet.
5. You will then receive an email conformation of the approval, along with the driver's names.
6. The day of your trip ask one (1) driver for bus milage prior to leaving on the trip.
7. Document the times that you leave school, arrive at your destination(s), and return to school.  
If the trip has been planned during a school day, you must return no later than 2:00pm.
8. Ask driver(s) for their signature(s) and the final milage.
9. Coach/Sponsor must sign under driver's names to authorize driver pay.
10. Have driver return document to the Superintendent's office for final processing.
11. Pay trip invoice when it arrives.

**For Office Use Only:**

|                |  |                  |  |
|----------------|--|------------------|--|
| Final Approval |  |                  |  |
| Driver's Hours |  | Driver Time:     |  |
| Mileage amount |  | Layover Time:    |  |
| Billing amount |  | Total Trip Time: |  |