

Kiski Area School District

Revised Request for Field Trip

New Request for Field Trip

200 Poplar Street, Vandergrift, PA 15690

Please complete the following information about the Field Trip (PLEASE PRINT OR TYPE)

**Requests should be received at Central Office at least two weeks prior to trip.*

Name of Group Desiring Field Trip _____

Name/Phone Number of Faculty Sponsor _____

Mobile Phone Number to contact, if needed, on day of trip _____

Day/Date of Field Trip _____

Destination _____

Number of students involved _____

On the back or separate sheet, list names of students that will be attending this activity. Permission slips signed by parents/guardians must be maintained by sponsor/principal.

Number of buses/vans requested _____ Wheel chair van needed? Yes No

Driver District Employee* Bus Co. Employee

**If District employee, a copy of drivers license must be provided.*

<u>Depart From</u>	<u>Date</u>	<u>Time</u>	<u>Destination</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name(s) of chaperones attending:

Has the sponsor provided appropriate insurance coverage? (Y/N) _____

Will a substitute be necessary? (Y/N) _____

How long? (AM/PM/All Day) _____

Who will pay for the substitute? _____

Was this trip budgeted? _____

Budget Account # _____

Total cost to the dept./bldg./district \$ _____

Total cost to the student \$ _____

Will students miss any classes? (Y/N) _____

Educational value of trip:

Approval:

Date: _____ Signed: _____ Sponsor/Teacher/Coach

Date: _____ Approved: _____ Principal AA ~~XXXXXXXXXXXX~~ Asst. Supt. AA Supt. E

Date: _____ Approved: _____ Superintendent

Please call 724-842-0455 during business hours to confirm transportation arrangements.

Contact Annette Nelson, Transportation Coordinator, at 412-216-1042 in case of emergency during non-business hours.

TRANSPORTATION DEPARTMENT USE ONLY

Date received: _____ OK to fax: _____

