

School		Date of Trip	
Cafeteria Notified of Field Trip Date <input type="checkbox"/> Yes <input type="checkbox"/> No		Destination	
Number of Lunches Ordered		Departure Time	
Number of Students	Grade	Return Time	
Will this trip require a special needs school bus?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of special needs students?		Number of special needs student with wheel chair?	
Activity			
Program to be Charged – MUST be Checked			
Boy's Athletic	Title 1	Regular Ed	
Girl's Athletic	GATE	LCAP	
Grants/Donations	Student Body	Other	
Teacher's Signature		Date	
Principal's Signature		Date	
Superintendent's Signature		Date	
TRANSPORTATION CHARGES			
Driver/Bus Number	Miles	Hours	
1			
2			
3			