Consolidated School District 46
Field Trip Request Form 18-19

Date ________________________________

Request for Field Trip to ________________________________

Address ________________________________

Date of Field Trip
teacher making the request _______________ Bldg. ___________ Grade __

Purpose of trip and how is this relevant to your curriculum

Departure Time: ________________________________ Return Time ________________________________

Number of students going _______________ X @ ________ = _______________ total

(student fee, if any)

Number of teachers going _______________ X @ ________ = _______________ total

(teacher fee, if any)

Number of chaperones going _______________ X @ ________ = _______________ total

(chaperone fee, if any)

SUB TOTAL ________________________________

Miles X $1.18 X __________________ = _______________ total

(use MapQuest round trip miles plus add 10 more) (# of buses needed)

*Above calculation should be based on 65 students per bus.

If trip is 3 hours or less there is a minimum charge of $61.46 per bus

__________________ Hours bus will be used X $32.79 X _______________ = _______________ total

(total hours from start to finish plus add 1 extra hour for bus travel time from/to bus garage) (# of buses needed)

Parking Fee (if any) ____ X _______________ = _______________ total

(# of buses needed)

Transportation paid by _______________ TOTAL TRANSPORTATION COST = _______________

TOTAL COST OF FIELD TRIP = _______________

# of Free/Reduced Students _______ x cost of field trip per student _______ = total paid by the district _______

(minus PTO supplemental costs)

Number of Bag lunches needed for trip = ________

Principal’s Signature

Amount (if any) requested from PTO for this trip =
Field trip forms must be submitted at least two weeks before the date of the trip in order to give the bus company time to process the order.

**Bus Request for Field Trip**

<table>
<thead>
<tr>
<th>School:</th>
<th>Telephone Number: 847-543-9244</th>
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</thead>
<tbody>
<tr>
<td>Trip requested by:</td>
<td></td>
</tr>
<tr>
<td>Date of trip:</td>
<td>Day of trip:</td>
</tr>
<tr>
<td>Date returning:</td>
<td>Day returning:</td>
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</tbody>
</table>

| Number of students attending                |                                 |
| Number of Buses needed:                    |                                 |
| Number of adults per bus:                  |                                 |
| Grade of students:                         |                                 |

**Departing Trip**

Departure Time from School: 

Depart From (Address): 

Destination Name and address: 

**Return Trip**

Return time to school: 

Arrive at Address: 

Additional Requests: 

Require Wheelchair lift: Yes – No

<table>
<thead>
<tr>
<th>Principal Signature</th>
<th>Cost Per Bus:</th>
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<tbody>
<tr>
<td></td>
<td>Total Cost:</td>
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Superintendent Signature