Consolidated School District 46
Field Trip Request Form 19-20

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 $1.25 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 $34.76 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 ______

(going on this field trip)  (minus PTO supplemental costs)

Number of Bag lunches needed for trip = __________

Principal's Signature ____________________________

Amount (if any) requested from PTO for this trip = __________
**BUS REQUEST FOR FIELD TRIP**

<table>
<thead>
<tr>
<th>School:</th>
<th>Phone Number:</th>
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</thead>
<tbody>
<tr>
<td>Trip Requested by:</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>Date of Trip: (MM/DD/YY)</td>
<td>Day of Trip: (Circle One)</td>
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<tr>
<td>Date Returning (if different from date of trip): (MM/DD/YY)</td>
<td></td>
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</tbody>
</table>

| Number of Buses Needed: | |
|-------------------------| |
| Number of Students Attending: | |
| Number of Adults per Bus: | |
| Number of Wheelchairs: | |
| Grade:                   | |
| Group Name:              | |

## Departing Trip:
- **Bus Arrival Time (time for bus to arrive at school):**
- **Name of Destination:**
- **Destination Address (going to):**

## Return Trip:
- **Pick-Up time to Return to School (leaving destination):**
- **Arrival Time back to School:**

## Additional Comments / Special Instructions (stop for lunch, special accommodations, etc.):

**SIGNATURES (FOR SCHOOL USE):**
- **Principal Signature and Date:**
- **Superintendent Signature and Date:**
- **OSS Signature and Date:**