



# Vehicle/Field Trip Request

Date of Trip: \_\_\_\_\_  
Departure Time: \_\_\_\_\_  
Return Time: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

JH & HS Specific Subject/Class(es): \_\_\_\_\_  
(MUST include Class Period(s) & Class List)

Destination: \_\_\_\_\_

Type of Vehicle:  School Van  School Bus  Drivers Education Car  Activity Bus

Teacher Driven?  Yes\*  No\* Driver's License #: \_\_\_\_\_

Depart from:  South Door-H.S.  Rear Parking Lot  
 Front of High School  Front of Grade School

Number attending:  Students  Adults

**\*NOTE: For reimbursable field trips, teachers must attach a class list to this form.**

Describe the educational benefits and list the applicable State Standards of this field trip:

\_\_\_\_\_

Will a substitute be necessary?  Yes (# of days)  No

Estimated Field Trip Costs (must be completed before trip approval)

Bus \$5.70 per mile  Van \$5.70 per mile   
Driver \$25.00 per hour  Sub teacher \$67.50 for half day or \$135 for full day   
Other fees

Total Estimated Cost \$ \_\_\_\_\_

Is this a PTO-funded trip?  Yes\*  No

\*If yes, you must complete a PTO payment order!

**Upon returning from the trip, request bill for the amount agreed to be reimbursed to the district.**

Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved  
 Not Approved

Superintendent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved  
 Not Approved

Transportation Director Signature \_\_\_\_\_

Date \_\_\_\_\_

Scheduled  
 Not Scheduled