

## PLAN FOR EDUCATIONAL SCHOOL TRIP

Complete this form and submit it to the principal's office. This form is to be submitted when the plan is conceived and before detailed arrangements are discussed with students. When the trip is approved, a copy of this form will be returned to the teacher sponsoring the trip.

\_\_\_\_\_ Field Trip (check one) \_\_\_\_\_ Scholastic Competition

**Destination** \_\_\_\_\_

**Course/Subject area in which trip is planned** \_\_\_\_\_

**Date of Trip** \_\_\_\_\_ **Time** \_\_\_\_\_

**No. of Pupils** \_\_\_\_\_ **Grade(s)** \_\_\_\_\_

**Chaperones** \_\_\_\_\_

**Nurse needed to accompany student on field trip** (if yes, notify the nurse at least **three weeks prior** to the trip)

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Objectives/Outcomes to be achieved as related to classroom work** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Follow-up instruction planned** \_\_\_\_\_

**Estimated itemized cost per pupil (exclude transportation)** \_\_\_\_\_

**How is this trip being funded, including transportation?** (check one box)

\_\_\_\_ Budget line item \_\_\_\_ Student funded \_\_\_\_ Activity account (specify account \_\_\_\_\_)

**Itinerary** \_\_\_\_\_

\_\_\_\_\_

**Is class coverage necessary ?** \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, what type of coverage is needed and how many subs?

\_\_\_\_\_ Full Day or \_\_\_\_\_ Partial Day from \_\_\_\_\_ to \_\_\_\_\_ @ \$151.80/sub

**Type of transportation needed** \_\_\_\_\_ Van \_\_\_\_\_ Bus \_\_\_\_\_ \*Charter bus \_\_\_\_\_ \*Rental car

\*Complete and attach Request to Reserve rental/charter form

**Teacher/Sponsor** \_\_\_\_\_

**Date** \_\_\_\_\_

**Approved** \_\_\_\_\_

Principal

**Date** \_\_\_\_\_

Revised 06/15/2023

(see reverse for Request for Transportation)

**CONRAD WEISER AREA SCHOOL DISTRICT  
REQUEST FOR TRANSPORTATION**

NUMBER OF STUDENTS/ADULTS: \_\_\_\_\_ DATE OF TRIP: \_\_\_\_\_

**\*\*PLEASE CHECK REQUESTED VEHICLE(S) AND INDICATE THE NUMBER OF VEHICLES NEEDED\*\***

_____ <b>Personal Vehicle</b> (authorized driver)	_____ <b>School Bus</b>	_____ <b>Van</b> (authorized driver)	_____ <b>Other</b> (authorized driver)
	_____ <b>Number of Buses Needed</b>	_____ <b>Number of Vans Needed</b>	_____ <b>Type</b>

**DESTINATION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**(ADDITIONAL STOPS)** \_\_\_\_\_

**DEPARTURE TIME** \_\_\_\_\_ **PICK UP LOCATION** \_\_\_\_\_

**RETURN TIME (the time you intend to be back at school)** \_\_\_\_\_

**PHONE CONTACT** \_\_\_\_\_  
(NOT REQUIRED)

**\*\*\* NOTE\*\*\***

**CAPACITIES:**    **SCHOOL BUSES – 72 (3 PER SEAT); 48 ( 2 PER SEAT)**  
                      **VANS – 9 PASSENGERS + 1 DRIVER (10 PER VEHICLE)**  
                      (in order to use a van, driver(s) must submit a Motor Vehicle Records release & a copy of a valid driver's license)

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**ESTIMATE THE COST OF YOUR TRIP**

**SCHOOL BUS**

NUMBER OF MILES _____ x	PER MILE = _____
(INCLUDE ROUND TRIP)	
	+
NUMBER OF HOURS _____ x	PER HOUR = _____
(INCLUDE TRAVEL TIME)	=
	TOTAL _____

**VAN**                    \$1.00 PER MILE – NOT TO EXCEED \$50.00  
  
(FEE MAY NOT APPLY BASED ON PURPOSE FOR REQUEST)

*All School bus & van requests must be submitted 3 weeks prior to the departure date.  
Conrad Weiser has 3 vans for trip usage, reservations are given in the order of receipt.*

Approved \_\_\_\_\_ Date \_\_\_\_\_  
(Transportation Director)