



FIELD TRIP REQUEST FORM

All field trip requests must be submitted to Robyn Fisher in the Central Office **one month** prior to the event.

1. NAME OF ACTIVITY: _____
2. LOCATION (PLACE, TOWN, STATE): _____
3. DATE: _____ TIME: _____
4. PERSON IN CHARGE OF TRIP: _____ SCHOOL: _____

School nurse review of medical needs for student attendees is required prior to all submissions:

5. SCHOOL NURSE HAS REVIEWED: Date: _____ Nurse Signature: _____
SCHOOL NURSE REQUIRED FOR FIELD TRIP? YES _____ NO _____
6. IS FOOD BEING SERVED BY THE VENUE? YES _____ NO _____
7. HOW DOES THIS TRIP CORRELATE TO GRADE LEVEL/SUBJECT AREAS OF CURRICULUM?

CHAPERONES (use back if necessary)

Substitute Required?

YES _____ NO _____

YES _____ NO _____

FEES TO BOARD:

Registration	NO _____	YES _____	Amount _____ (attach copy)
Hotel	NO _____	YES _____	Amount _____ (attach prior approval)
Meals	NO _____	YES _____	Amount _____ (attach prior approval)
Travel/Mileage	NO _____	YES _____	Amount _____ (attach prior approval)

TRANSPORTATION: (SECURING TRANSPORTATION IS THE RESPONSIBILITY OF THE PERSON IN CHARGE OF THE TRIP)

Have you secured transportation? YES _____ (Attach email confirmation) NO _____

COST _____ HOW WILL TRANSPORTATION BE PAID FOR? _____

WILL THERE BE A CHARGE TO STUDENTS FOR TRANSPORTATION? YES _____ NO _____

IF YES, WHAT IS THE COST PER STUDENT FOR: ACTIVITY: \$ _____ TRANSPORTATION: \$ _____

TOTAL COST PER STUDENT: \$ _____

I HAVE SUBMITTED THIS ON AESOP

Requested by: _____ DATE: _____
(PLEASE PRINT)

Principal/Director/Dist. Supv/Dept. Supv: _____ DATE: _____

Secretary's Initials _____

CENTRAL OFFICE USE ONLY

SUPERINTENDENT _____ DATE: _____

BOARD MEETING APPROVAL DATE: _____