



AVONDALE SCHOOL DISTRICT

Field Trip Request

- 1 The "Field Trip Request Form" should be completed and submitted at least **two months** prior to the day of the field trip as these trips require approval by the Superintendent per District policy. Out of state and overnight field trips must be submitted at least **six months** prior to the field trip. Out of state and overnight field trips require Board approval per District policy.
- 2 Please make sure to complete the form with as much detailed information as you can about the dates, location, purpose of the field trip and how the field trip is being funded.
- 3 Send the form to the Transportation Department for Transportation Information / Costs to be completed. Once completed by Transportation, return to requesting teacher.
- 4 After filling the form, submit it to your Admin (Principal) for approval and account number(s) and then submit it to the Superintendent's Office for review.
- 5 Once approved by the Superintendent the form will be returned to the requesting teacher.
- 6 Once the teacher receives the approved form, the teacher's must prepare and distribute the Field Trip Permission Slip.
- 7 All funds are collected by the teacher and turned into the building's office with the approved Field Trip Request form for deposit.

TRIP INFORMATION

DATE SUBMITTED		SCHOOL <i>(Check)</i>		AHS ELC	AMS Other:	Gate	Auburn	Deerfield	Graham	Woodland	
TEACHER:					NAME AND ADDRESS OF FIELD TRIP LOCATION:						
NO. OF STUDENTS:		NO. OF CHAPERONES:									
	DATE	TIME	LOCATION								
PICKUP											
RETURN											
INSTRUCTIONAL PROGRAM OBJECTIVES OF THE TRIP:											
FOLLOW-UP ACTIVITIES:											
HOW WILL STUDENTS NOT ATTENDING FIELD TRIP BE TAKEN CARE OF?											
OTHER SUPPORT <i>(Include plan below or attach to support students unable to contribute all or part of the personal costs of the trip) :</i>											
No. Students	Plan:										
NOTES TO TRANSPORTATION REGARDING ANY SPECIAL EDUCATION ASSISTANCE REGARDING BUSES (example - bus with lift):											

TRANSPORTATION INFORMATION

TRANSPORTATION REQUESTED (Check one)	District Bus	Commercial Bus	Other: _____
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ESTIMATED TRANSPORTATION COSTS

TRANSPORTATION TO COMPLETE - Driver Hours x \$ _____ per hour x # _____ of buses: (minimum 2 hours)		Note: Driver hours include drive time to and from Transportation per number of buses.
TRANSPORTATION TO COMPLETE - Miles to and from Field Trip x \$ _____ per mile x # _____ of buses:		
TOTAL ESTIMATED TRANSPORTATION COSTS		

(REQUIRED) Transportation has been given an opportunity to submit a quote on this trip.

Director of Transportation's Signature

Date

ESTIMATED TRIP COSTS

Estimated Transportation Costs provided by Transportation		
Admission Cost		
# of Children x per child admission fee		
# of Adults x per adult admission fee:		
Entry Fees / Registration		
Substitute Teachers		
Other:		
TOTAL MUST BE CALCULATED BEFORE SUBMITTING FORM.		

FUNDING SOURCES

		Amount
Student / Parent (Permission slip x # of attendees)	\$	_____
PTO - (attach PTO verification)	\$	_____
Grant (attach verification from Grantee)	\$	_____
Fundraiser (attach Fundraiser information)	\$	_____
Building Budget (attach verification from Principal)	\$	_____
Other (please specify and attach verification)	\$	_____
FUNDING AMOUNT MUST EQUAL TOTAL ESTIMATED TRIP COSTS		

ADMINISTRATION USE ONLY / APPROVALS

APPROVAL SIGNATURES		
Principal / Admin Approval: _____		Date: _____
Account Number _____ % _____		
Account Number _____ % _____		
Account Number _____ % _____		
Business Office Approval: _____		Date: _____
Superintendent Approval: _____		Date: _____
Board Approval: _____		Date: _____