



**KUTZTOWN AREA SCHOOL DISTRICT
KUTZTOWN, PENNSYLVANIA
REQUEST FOR FIELD TRIP 2018/2019**

SCHOOL: _____ DATE: _____

TEACHER (S): _____

GRADE/CLASS: _____

DATE OF FIELD TRIP: _____

DESTINATION OF TRIP (Name and Address): _____

TIME OF DEPARTURE: _____ TIME OF RETURN TO SCHOOL: _____

NUMBER OF STUDENTS: _____ NUMBER OF ADULTS: _____

DESCRIBE THE GROUP THAT WILL BE PARTICIPATING IN THE TRIP: _____

SPECIFIC OBJECTIVES OF THE TRIP/RELATIONSHIP TO INSTRUCTION: _____

SPECIFIC FOLLOW-UP ACTIVITIES: _____

WILL A TEACHER SUBSTITUTE BE REQUIRED? _____

WILL VOLUNTEER CHAPERONES BE NEEDED? (circle) YES or NO - IF YES, PLEASE ATTACH A LIST OF ALL VOLUNTEERS. ADDITIONAL PAPERWORK MAY BE NEEDED, DEPENDING ON THE FIELD TRIP.

MODE OF TRANSPORTATION (BUS, VAN, ETC.)? _____ # OF VANS/BUSES NEEDED: _____

WILL A SPECIAL (BUS, VAN, ETC.) BE NEEDED? _____ PLEASE EXPLAIN: _____

IS TRANSPORTATION BEING PROVIDED BY AN OUTSIDE SOURCE? _____

IF YES, WHO WILL BE PROVIDING THE TRANSPORTATION? _____

COST OF TRIP TO THE DISTRICT (MUST BE COMPLETED BY ADVISOR):

ROUND TRIP TRANSPORTATION COST: _____ Bus Cost: \$2.09 per mile + \$21.19 per hour (2 hour minimum)

ADMISSION COST: _____ Van Cost: \$0.55 per mile

IF A SCHOOL DISTRICT CHECK IS REQUIRED PRIOR TO TRIP, PLEASE SUBMIT A SEPARATE APPROVED REQUISITION FORM TO THE DISTRICT OFFICE (Attn: Cindy Heiner) AT LEAST 2 WEEKS PRIOR TO THE TRIP.

SIGNATURE OF PERSON (S) REQUESTING TRIP: _____ DATE: _____

SIGNATURE OF PRINCIPAL (S)/SUPERVISOR: _____ DATE: _____

SIGNATURE OF SUPERINTENDENT: _____ DATE: _____

This form **must** be submitted to the building principal(s) and must have all areas completed **AT LEAST ONE MONTH** prior to the date of the field trip. In addition, a permission slip for each student attending the field trip **must** be on file in the office before the trip. **Please provide the office and school nurse with a list of students participating on the trip AT LEAST ONE WEEK prior to the trip. A seating chart/roster with the names of students and chaperones MUST BE GIVEN to the office and the bus driver the day of the trip prior to leaving.**

TRANSPORTATION USE ONLY:

Scheduled _____ bus/van # _____ on _____ Signature: _____