



FIELD TRIP REQUEST FORM

Teacher/School: _____ Today's Date: _____

The following information should be provided and left in the office at least **two weeks** before any field trip is taken, or any time students are excused from classes. If a student is failing a subject or is on probation, s/he will not be allowed to miss that class in order to go on the field trip. Field trips will not be allowed in January and June, during the week preceding examinations. **Requests made with less than 2 weeks' notice will be denied unless there are extenuating circumstances.**

NAME OF ACTIVITY OR CLASS: _____

Trip to: _____

Purpose: _____

List of Specific Student Learning Objectives: _____

Total number of students and chaperones participating _____

Date of trip: _____

Cost per Teacher and/or Chaperone _____ Cost per Student _____ Paid by Student
Paid by District

Chaperones: _____ Relationship: _____

Contact Bus Garage to complete: (Call: 860-848-3878)

Date Contacted: _____

Transportation: School Bus Available _____ Charter Bus _____ Car _____ Other _____

**If using a school bus: Mileage Rate: \$1.35/mile
Driver Rate: \$35.00hr**

Mileage/cost: _____ Driver hours/cost: _____

Show calculation + Total Cost

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Departure Time: _____ A.M. _____ P.M.

Approximate Time of Return to School: _____ A.M. _____ P.M.

Received Verbal Approval from Department Head: Yes No Date: _____

Approved by Assistant Superintendent: _____ Date: _____

Copies to: Superintendent's Office
Transportation
Principal
Staff Member