

Field Trip Request Form

(Appendix B)

Instructions: Staff members please prepare and submit to your building Principal for approval. This form needs to be completed and returned at least six weeks before the field trip, or the trip will not be approved. Three months required for overnight field trips. A complete list of students attending the field trip must be given to faculty at least two school days before field trip. Any student who is ineligible will not be allowed to go on any field trips.

IDENTIFICATION

School _____ Submitted by _____

Destination _____

Departure: Date _____ Time _____

Location _____

Return: Date _____ Time _____

Location _____

Number of participating students: _____ Grade level(s): _____

Names of participating staff and chaperones: _____

Is bus transportation needed? _____ Approximate number of miles round trip _____

Are substitutes needed? _____ Is the Field Trip Lunch Form Filled out? _____

Consent forms must be secured from all parents/students.

INSTRUCTIONAL OBJECTIVES (be specific as to how it relates to the curriculum and standards):

What specific plans have been made for the continued instruction of those pupils who will not participate in the field trip project? _____

PRINCIPAL'S REMARKS:

Comments: _____ recommended _____ not recommended

Principal's Signature

Date

ARTS IN EDUCATION COORDINATOR:

Is this field trip eligible for AIE aide: YES NO

Total Cost of field trip? _____ Are meals included? _____

Comments: _____

Signature of the Arts in Education Coordinator

Date

TRANSPORTATION REMARKS:

Comments: _____ recommended _____ not recommended

Transportation Administrator Signature

Date

DISTRICT SUPERINTENDENT'S REMARKS:

Comments: _____ recommended _____ not recommended

Superintendent's Signature

Date

OVERNIGHT FIELD TRIP

Overnight field trip request forms are due at least three months prior to the trip. A brief presentation to the Board of Education is required prior to final approval. Please attach detailed itinerary, brochure, schedule, budget, etc., as well as completing all pertinent information on page 1.

Total Cost of trip? _____ Are all meals included? _____
(If not, how much additional money is required/what is the source)

Total Transportation costs? _____

Source of funds to cover cost of trip: (check all that apply)

_____ Activity Fund _____ Booster Account _____ Student _____ Grant
_____ Parent/Guardian _____ Arts in Ed. _____ Fundraiser(s)

- Copies: Transportation
Building Principal
Submitting Teacher
Food Service Director
AIE Coordinator

Lyons Central School District Transportation Request, Field Trips, and Special Trips

I. TO BE COMPLETED BY DEPARTMENT REQUESTING TRANSPORTATION	
Date Transportation Required: _____	Destination: _____
Group: _____ # of Students Attending: _____ # of Adults Attending: _____	Time Bus Required: _____ Est. Time of Return: _____
Budget Code: _____ Requested By: _____ Approved By: _____	<div style="text-align: right; margin-top: 20px;"> _____ Signature of Administrator/Designee Date </div>
II. DRIVER ASSIGNED TO EVENT: _____	
Date: _____ Time of Departure: _____ Time of F.T. Departure: _____ Time of F.T. Arrival: _____ Time of Departing from Event: _____ Time of Return from event: _____ Time of Return + :15 Min.: _____ (You may claim this if you clean & fuel your bus) Total hours worked: _____	Destination: _____ <div style="text-align: center;">Mileage</div> Return Mileage Reading: _____ Departure Mileage Reading: _____ Total Trip Mileage: _____ Bus #: _____
Driver's Comments: Signature: _____	