

School District of McFarland

FIELD TRIP REQUEST FORM

(Submit completed form to building principal for approval)
DUE AT LEAST TWO WEEKS PRIOR TO FIELD TRIP!

Destination			
Purpose:			
Date of Trip:	Departure Time:	Return Time:	
Class [attach class list[s]]:	Number of Students:		
Proposed List of Chaperones:			
Buses Needed? _____ YES (fill out School Bus Request) _____ NO			
Please attach a copy of your itinerary for the trip.			
Number of Medical Kits Needed [1 kit per bus]			
Identify CCSS (Common Core) or other standards/curricular connections supported by this trip:			
List specific student Learning Targets/Standards for this field trip:			
EXPENSES			
Please verify that you have the funds in your account to cover these expenses.			
Estimated Cost of Transportation:	\$		
Cost of Admission/event: Per Student: \$ _____ x no of students =	\$		
Other expenses: Specify:	\$		
TOTAL ESTIMATED EXPENSES			\$
FUNDING: (No money is to be left in classrooms overnight)			
Collect per student: \$ _____ x number of students participating	\$		
Other financial support (identify source and amount)	\$		
Account Number: _____ Amount _____			
TOTAL ESTIMATED REVENUE			\$

FIELD TRIP COORDINATOR TEACHER _____ DATE _____

ADMINISTRATOR SIGNATURE _____ DATE _____