

Educational/Extra-Curricular Activity Trip Request Form

(This section to be completed by trip sponsor/supervisor)

Today's date: _____ Date(s) of trip: _____

Time of departure: _____ Time of return: _____

Trip sponsor(s)/supervisor(s): _____

Destination (list all stops): _____

Purpose of trip: _____

Special instructions/Additional information: _____

Number of adults: _____ Number of students: _____

Number of cafeteria meals requested: _____ Breakfast: _____ Lunch: _____

Funds requested for admission: \$ _____

Funds requested for meals: \$ _____

Funds requested for other: \$ _____

Total funds requested: \$ _____

Number of meals purchased _____ @ \$ _____ per meal

Explain other: _____

(This section to be completed by transportation department/superintendent)

Copy to transportation: _____

Vehicle: _____ Driver: _____

Assigned by: _____ Date assigned: _____

(This section to be completed by office staff)

Date received in office: _____ Comments: _____

Checked with calendar: _____

Copy to J. Truschke: _____

Copy to cafeteria: _____

Permission slips: _____

Approved _____

Not Approved _____ Date _____

Authorized signature

Field Trip Roster
(To be completed by trip sponsor/supervisor)

Supervisor/Sponsor Name: _____

Proposed Trip Information

Departure Date: _____

Destination: _____

Actual Trip Information

Departure Time: _____

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 18. _____ | 35. _____ |
| 2. _____ | 19. _____ | 36. _____ |
| 3. _____ | 20. _____ | 37. _____ |
| 4. _____ | 21. _____ | 38. _____ |
| 5. _____ | 22. _____ | 39. _____ |
| 6. _____ | 23. _____ | 40. _____ |
| 7. _____ | 24. _____ | 41. _____ |
| 8. _____ | 25. _____ | 42. _____ |
| 9. _____ | 26. _____ | 43. _____ |
| 10. _____ | 27. _____ | 44. _____ |
| 11. _____ | 28. _____ | 45. _____ |
| 12. _____ | 29. _____ | 46. _____ |
| 13. _____ | 30. _____ | 47. _____ |
| 14. _____ | 31. _____ | 48. _____ |
| 15. _____ | 32. _____ | 49. _____ |
| 16. _____ | 33. _____ | 50. _____ |
| 17. _____ | 34. _____ | 51. _____ |

(This section to be completed by office staff)

Date received in office: _____

Copy to cafeteria: _____

Copy to (_____): _____

Proposed List: _____

Actual List: _____

Comments: _____

Approved

Not Approved

Date: _____

Authorized signature
