

VINELAND ELEMENTARY SCHOOL DISTRICT

Field Trip Request Form

NOTE: This field trip request form must be submitted to the District Office at least two weeks prior to the field trip date. Please type all information.

School: _____ Requester: _____ Date: _____

Sponsoring Organization (if applicable): _____

Destination:		Date(s) of Field Trip:	
Address:		City:	Zip Code:
Justification/ Explanation			Purpose (select one)
			<input type="checkbox"/> Educational
			<input type="checkbox"/> Reward
			<input type="checkbox"/> Other
Comments/Special Instructions/Special Accommodations (please attach additional documents, if necessary)			

Will students be charged? _____ If so, how much? _____

Time leaving from school: _____ Time returning to school: _____

Number of students attending: _____ Number of adults attending: _____

Number of sack lunches needed: _____ Where will students eat lunch? _____

Supervising staff (must be an employee of the Vineland Elementary School District)

Primary: _____

Additional: _____

Estimated number of busses or vans: _____ Estimated number of drivers: _____

Estimated number of hours: _____ Estimated number of miles: _____

Estimated cost for transportation (\$0.56 per mile and \$30 per hour): _____

Budget code: _____

Principal's Approval: _____ Date: _____

Comments/Special Instructions (please attach additional documents, if necessary):

FOR OFFICE USE ONLY			
Transportation Approval:	_____	Approved _____	Denied _____
Superintendent's Approval:	_____	Approved _____	Denied _____
Date of Board of Trustees Approval (for overnight/out of county trips): _____			
Driver(s) Assigned:	_____	Bus(es)/Van(s) Assigned:	_____
Actual Mileage:	_____	Actual Time:	_____
		Actual Cost:	_____