

FIELD TRIP REQUEST FORM

Teacher \_\_\_\_\_ School/Class \_\_\_\_\_

Request Date \_\_\_\_\_ Trip Date \_\_\_\_\_ Destination \_\_\_\_\_

Number of Students \_\_\_\_\_ Number of Staff/Chaperones \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

Course of Study \_\_\_\_\_

Specific Learning Objectives to be Accomplished:

\_\_\_\_\_  
\_\_\_\_\_

Student Behaviors that will Confirm Achievement of the Learning Objectives:

\_\_\_\_\_  
\_\_\_\_\_

Course Objectives Related to the Learning Objectives:

\_\_\_\_\_  
\_\_\_\_\_

Pre-Trip Lessons/Activities to be Done in the Classroom:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Trip Activities/Lessons to Reinforce/Extend Learning:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have utilized the guidelines in 2340A to plan, conduct, and evaluate the trip and, upon approval of the trip, I will obtain parental permission (2340 F2 or F2A) and use the Checklist for Trips (2340 F3).

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**Field Trip Approval**

Trip Approved: \_\_\_\_\_ Trip Disapproved: \_\_\_\_\_ Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Trip Approved: \_\_\_\_\_ Trip Disapproved: \_\_\_\_\_ Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

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(Over)

**TRANSPORTATION DEPARTMENT**

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(To be completed by the originator of the field trip)

Date of Trip: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Arrival Time: \_\_\_\_\_ Number of Buses: \_\_\_\_\_

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**Certification**

This is to certify that this trip, as requested, is in conformity with the administrative guidelines established by the District as well as any applicable State regulations.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Business Office

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**Trip Confirmation**

This trip has been approved and scheduled. Drivers assigned are:

\_\_\_\_\_  
\_\_\_\_\_

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**Bus Driver Report**

This is to certify that the above trip was made and to request payment under the Board of Education policies.

Date: \_\_\_\_\_ Bus No.: \_\_\_\_\_ Total time of trip: \_\_\_\_\_

Speedometer reading at start of trip: \_\_\_\_\_ End of trip: \_\_\_\_\_

Start time: \_\_\_\_\_ Return time: \_\_\_\_\_

Total miles traveled on this trip: \_\_\_\_\_ Total gallons of gas used: \_\_\_\_\_

Remarks:

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Driver's signature: \_\_\_\_\_

Distribution:

- 1 - Each bus
- 1 - Transportation Supervisor
- 1 - Originator after assignment of buses

Field Trip No.: \_\_\_\_\_