

REQUEST FOR FIELD TRIP

Barron Area School District

School _____ Date of Trip _____
Class _____ # of Students _____
Instructor _____ # of Buses Needed _____
Date of Request _____ # of Additional Staff/Chaperones _____

NOTE: Beginning in 2009 the Barron Area School District will fund the cost of one field trip per grade level per year.

ITINERARY

Destination _____
Departing From School At: _____ AM/PM Returning to School At: _____ AM/PM
Round Trip Mileage _____

PURPOSE

What is the curricular basis for this request? _____

ADDITIONAL INFORMATION

(Multiple destinations? Departure/Arrival times for each? Special parking instructions? Etc.)

NOTE: The transportation department (537-3295) **MUST** be notified of any changes in the above times, destinations, etc. **ONE DAY** prior to the trip or the trip will occur as requested above.

APPROVAL

Budget: Is this trip approved as a budgeted trip? YES _____ NO _____

If **NO**, indicate who will be invoiced for the cost of this trip: _____

Administrative Approval: PRINCIPAL _____

CONFIRMATION

Confirmation of the Transportation Director:

_____ This trip is confirmed as requested
_____ This trip is not possible for the following reason(s):

DATE _____

SIGNED _____

COST: _____ District

\$ _____ Not covered by District