



Mason County Schools Field Trip Request Form

Must be Submitted Two Weeks Prior to Date of Trip

All Field Trips must follow policy 2340

Overnight -Out of State Trips must be Board approved prior to Date of Trip

- Curricular Extracurricular
 Day Trip Overnight Trip In State Overnight Trip Out of State County Bus Required

School **Grade Level** **Reason/Group**
 (etc. sport group, field trip, band)
Teacher Requesting **# of students**

Destination:

Date Departing On **Date Returning On** **Time Departing** **Time Returning**

Full Day Half Day
 County Bus Required Charter Bus **Number of Buses needed**

Staff : School Nurse needed If school nurse is needed notify the nurse immediately. They Will need to be included in the Staff needing subs **Sub Needed**

Employee #	<input type="text"/>	Employee Name	<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employee #	<input type="text"/>	Employee Name	<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employee #	<input type="text"/>	Employee Name	<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Employee #	<input type="text"/>	Employee Name	<input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Acct. Code for Substitutes (This needs to come out of School Funds AND MUST BE COMPLETED)

Chaperones

Number of Student School Lunches Needed Lunches to be provided by the school cafeteria
 (please inform cooks asap so adequate food is ordered in advance)

ANTICIPATED EXPENSES:

Mileage : Bus Miles \$1.68 per Mille

Bus Operator: # of Bus Drivers # Days \$116.00 Avg. per day

Substitute Teacher # of subs Days \$141.00 Avg. per day

Other **Other Total**

Anticipated Total Expenses:

Account code for Transportation (MUST BE COMPLETED)

Specific Learning Objectives:

Itinerary:

Equal Access Assurance (Statement Denoting Participation is not Hindered by Economic Status)

- No Student will be denied participation due to disability or socio-economic status. This institution is an Equal Opportunity Provider.
- Allergy concerns will be noted and arrangement will be made if a student on the trip has allergy problems.

By submitting this form is to certify that this trip, as requested, is in conformity with the County Field Trip Policy 2340 as well as any applicable State regulations.

Signature	
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Administrative Use Only

- Approved by Principal Disapproved by Principal/Supervisor

Date

Principal/Supervisor Signature	
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- Approved by Transportation Disapproved by Transportation

Transportation Director	
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Date

- Approved by Director Disapproved by Director

Director Signature:	
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Date

Transportation Department Use

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 including clean up: _____

Speedometer Reading at start of Trip: _____ End of Trip: _____

Start Time: _____ Return Time: _____ Bus Parked and cleaned: _____

Total Miles Traveled on this trip: _____ Total gallons of fuel used: _____

Remarks: _____

Driver's Signature: _____

Staff Signature: _____

Staff reporting time of trip completed: _____ (this is to be entered by staff in charge of trip)

Amount Charged for Driver: _____ Fuel: _____