



# 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

Pickup Location:

Destination:

Date Departing On  Time Loading  Date Returning On  Time Returning

Day of Week Depart:   Full Day     County Bus Required     Charter Bus    Number of Buses   
 Half Day

**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:		Number of Buses		Total Fuel Cost	
Mileage:	Bus Miles				
Bus Operators:	# of 1/2 day Bus Operators		Number of 1/2 Days		Total for 1/2 day Bus Op
	# of Full Day Bus Operators		Number of full Days		Total of Full Day Bus Op
Substitute Teachers:	# of 1/2 day Sub Teachers		Number of 1/2 Days		Total for 1/2 day Sub Teachers
	# of Full Day Sub Teachers		Number of full days		Total for full day sub teacher
					Other expenses not listed above

**Total Anticipated 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: \_\_\_\_\_

**Supervising School Staff member must sign and record time of trip completed on lines below**

Staff Signature: \_\_\_\_\_

Time of trip completed and Students unloaded: \_\_\_\_\_ (this is to be entered by staff in charge of trip)

Amount Charged for Driver: \_\_\_\_\_ Fuel: \_\_\_\_\_