

Sayre Area School District
School Field Trip Request Form
(1 Field Trip per Request Form)

In Accordance with Policy #121- Board Approval Required. Please submit to the Superintendent's office five (5) school days before the next scheduled school board meeting.

Teacher's Name: _____ Bldg: _____ Grade: _____

Date of Field Trip: _____ Today's Date: _____

Place to be visited:

Objective of the Field Trip:

Departure time from school: _____ Expected Return Time to School _____

Number of Students: _____ Number of Sayre Employees: _____ Number of Volunteers: _____

Number of Buses Requested: _____ Number of Vans Requested: _____ Total miles traveled: _____

Anticipated Costs:

Admission Fee (# attending x fee) \$ _____

Hotel (#of rooms x cost) \$ _____

Meals (# of meals x cost) \$ _____

Anticipated Driver Fee (# of hours x \$10) \$ _____

Anticipated Mileage Fee (# of miles x \$1.75) \$ _____

Total: \$ _____

How is this field trip to be funded? School District _____ PTG _____ Other _____ Name _____

Teacher's Signature _____ Date: _____

Name of staff attending

_____	_____
_____	_____
_____	_____
_____	_____

Name of volunteers attending (clearances on file)

_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

Emergency Phone Number (teacher's cell): _____

Building Principal Signature: _____ Date: _____

Business Manager Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

___Approved ___Disapproved

Reason: _____

Additional Procedures:

- ___ Permission slips (Facilitator)
- ___ Lunch (Facilitator)
- ___ Chaperones with current clearance (Principal)
- ___ Bus roster (Facilitator to Principal)
- ___ Request any checks needed (5 days in advance) (Facilitator)
- ___ Substitute teacher needed (Principal)
- ___ Nurse Request (Principal)
- ___ email confirmation (Assistant to the Superintendent)

Confirmation by Transportation Office	
Date Request Received: _____	Confirmed as Requested: ___yes ___no
Transportation Director's Signature: _____	
Bus Contractor notified: _____	Entry into Calendar _____