

Application For Study Trip

This form is to be completed by the faculty member and routed through the appropriate division chairman and building principal. (Attach any proposed itinerary and estimated budget of costs, indicating the amounts to be paid by students, faculty, and district, where appropriate).

NAME OF CLASS _____ ELEMENTARY _____ HIGH SCHOOL _____

CLASS ENROLLMENT _____ NUMBER EXPECTED TO PARTICIPATE IN FIELD TRIP _____

DESTINATION _____

ESTIMATED TIME AND DATE OF DEPARTURE FROM SCHOOL _____

ESTIMATED TIME AND DATE OF DATE OF RETURN TO SCHOOL _____

PURPOSE OF TRIP: LIST EDUCATIONAL ACTIVITIES OF TRIP:

IF MORE THAN ONE DAY, NAME OF HOTELS OR PLACES WHERE GROUP WILL STAY:

NAME(S) OF OTHER FACULTY MEMBERS OR ADULTS THAT WILL ACCOMPANY GROUP:

WILL FACULTY EXPENSES BE PRORATED TO STUDENTS? YES _____ NO _____

TRANSPORTATION NEEDED: BUSES, SUV'S, PRIVATE CARS, OTHER:

Funding Source: _____

Expenses District is requested to pay: _____

DATE: _____ SIGNED: _____

Approved: _____, Division Chairman

_____, Building Principal

_____, District Superintendent

Board Action: _____ Date of Board Action: _____

Prepare in Triplicate:

1 copy – Teacher

1 copy – Building Principal

1 copy – District Superintendent