

**STUDENT FIELD TRIP REQUEST****6:240-E-1-S**

Today's Date \_\_\_\_\_ Travel Dates(s) \_\_\_\_\_

Staff Name(s) \_\_\_\_\_

Building \_\_\_\_\_ Grade(s) \_\_\_\_\_ Subject(s) \_\_\_\_\_

Traveling To \_\_\_\_\_ Event \_\_\_\_\_

Address \_\_\_\_\_

Number of Students \_\_\_\_\_ Number of Adults/Chaperones \_\_\_\_\_

**Please list any known special needs (i.e. medication, wheelchairs, strollers) and how needs will be met. Attach a complete list of students for the building nurse to review.** \_\_\_\_\_

\_\_\_\_\_

Nurses Initials \_\_\_\_\_

**TRANSPORATION INFORMATION**

Is this an overnight trip? Yes \_\_\_\_\_ No \_\_\_\_\_

Time of Departure from School \_\_\_\_\_ Date \_\_\_\_\_

Estimated Time of Arrival at Travel Site \_\_\_\_\_ Date \_\_\_\_\_

Time Event is Scheduled to Start \_\_\_\_\_ Date \_\_\_\_\_

Time of Departure from Travel Site \_\_\_\_\_ Date \_\_\_\_\_

Estimated Return Time to School \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ No Transportation Needed

\_\_\_\_\_ Harlem School Buses (# needed)

\_\_\_\_\_ Van (# needed)

\_\_\_\_\_ Contracted Bus (# needed)

**(Note: Directions/parking information must be provided to transportation office one week before trip date.)****COST AND FUNDING****(Please complete Steps 1, 2, & 3)****1) Trip Cost Per Student**

Admission \$\_\_\_\_\_ per student

Meals \$\_\_\_\_\_ per student

Lodging \$\_\_\_\_\_ per student

Other \$\_\_\_\_\_ per student

(describe) \_\_\_\_\_

**TOTAL COST** \$\_\_\_\_\_ per student**2) Funding Per Student**

Student/Parent \$\_\_\_\_\_ per student

PTA/PTO \$\_\_\_\_\_ per student

Grant Funding \$\_\_\_\_\_ per student

Other \$\_\_\_\_\_ per student

(describe) \_\_\_\_\_

**TOTAL FUNDING** \$\_\_\_\_\_ per student**3) Describe the plan to ensure funding source for students with fee waivers:****CONTACT INFORMATION**

SPONSOR/TEACHER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

**Harlem Transportation Office (815) 654-4633****In Case of Emergency Outside of School Hours Call Donald West (815) 742-7506****The Educational, Extracurricular, or Incentive Student Travel Plan MUST accompany this completed request.**

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Building Principal \_\_\_\_\_ Date \_\_\_\_\_

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Asst. Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Director of Transportation \_\_\_\_\_ Date \_\_\_\_\_