



Teacher Requesting Trip: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**TRIP DETAILS**

Destination: \_\_\_\_\_

Date of Trip: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Day of the Week: \_\_\_\_\_

Area of Curriculum Enrichment:

Science  Language Arts  Math  Social Studies  Other; \_\_\_\_\_

Objectives of Trip: \_\_\_\_\_

Homerooms Going on Trip:

KA  KB  1A  1B  2A  2B  3A  3B  4A  4B  
 5A  5B  6A  6B  7A  7B  8A  8B  Other; \_\_\_\_\_

Total # of Students: \_\_\_\_\_

Teachers as Supervisors:  Yes  No Parent Volunteers:  No  Yes; # \_\_\_\_\_

**PAYMENT DETAILS**

Payee: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ . \_\_\_\_\_

Payment Needed By: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cost per Student: \$ \_\_\_\_\_ . \_\_\_\_\_ Cost per Chaperone: \$ \_\_\_\_\_ . \_\_\_\_\_

**TRANSPORTATION**

Bus Service Needed:  Yes  No Number of Buses Needed: \_\_\_\_\_

Bus Service is the Responsibility of:  PTO  School Office  N/A

School Departure: \_\_\_\_ : \_\_\_\_ am/pm Destination Arrival: \_\_\_\_ : \_\_\_\_ am/pm

Destination Departure: \_\_\_\_ : \_\_\_\_ am/pm School Arrival: \_\_\_\_ : \_\_\_\_ am/pm

*For office use only.*

Principal's Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Trip Payment Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Check # \_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_

Bus Payment Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Check # \_\_\_\_\_ \$ \_\_\_\_\_ . \_\_\_\_\_

Bus Company: \_\_\_\_\_