

Regional School District No. 17
FIELD TRIP REQUEST FORM
Overnight/Out of State
Sports/Field Trips
Community Service

TO BE FILLED OUT BY TEACHER OR ORGANIZATION

Organization/School _____ Teacher _____ Date _____
Reason for Request _____ Phone/Ext. Number _____

Organization Information:

Departure Schedule:

Departure Date _____
Departure Time _____
Depart From _____
Destination _____

Representative _____
Phone _____
Bill To _____
Name _____
Address _____
Comments _____

Arrival Schedule:

Arrival Date _____
Arrival Time _____

Number of Students/People _____ Chaperones _____ Other _____ Total _____

Use Regional Buses _____ Other _____

Return Schedule:

Return Date _____
Departure Time _____
Return Destination _____
Estimated Return Time _____

Signed: _____ Date _____
Teacher/Organizational Rep.

Approval: _____ Date _____
Principal

_____ Date _____
Superintendent

It is teacher's responsibility to contact the substitute teacher processor.

TO BE FILLED OUT BY TRANSPORTATION

Date Received _____ Driver Assigned _____
Driver Hourly Rate _____ Date Assigned _____

	Estimate	Actual	
Driver Hours	_____	_____	Finish Mileage _____
Driver Stand By	_____	_____	Start Mileage _____
Mechanic Stand By	_____	_____	Total _____
Approx. Mileage _____ Cost _____	_____	_____	
Tolls	_____	_____	
Parking	_____	_____	Transportation Approval: _____
Hotel/Motel	_____	_____	
Meals	_____	_____	Date: _____
Total	_____	_____	