

## PLAN FOR EDUCATIONAL SCHOOL TRIP

Complete this form and submit it to the principal's office. This form is to be submitted when the plan is conceived and before detailed arrangements are discussed with students. When the trip is approved, a copy of this form will be returned to the teacher sponsoring the trip.

\_\_\_\_\_ Field Trip \_\_\_\_\_ Scholastic Competition  
(check one)

**Destination** \_\_\_\_\_

**Course/Subject area in which trip is planned** \_\_\_\_\_

**Date of Trip** \_\_\_\_\_ **Time** \_\_\_\_\_

**No. of Pupils** \_\_\_\_\_ **Grade(s)** \_\_\_\_\_

**Chaperones** \_\_\_\_\_

**Objectives/Outcomes to be achieved as related to classroom work** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Follow-up instruction planned** \_\_\_\_\_

**Estimated itemized cost per pupil (exclude transportation)** \_\_\_\_\_

**How is this trip being funded, including transportation?** (check one box)

\_\_\_\_ Budget line item \_\_\_\_ Student funded \_\_\_\_ Activity account (specify account \_\_\_\_\_)

**Itinerary** \_\_\_\_\_  
\_\_\_\_\_

**Is class coverage necessary ?** \_\_\_\_ No \_\_\_\_ Yes

If yes, what type of coverage is needed and how many subs?

\_\_\_\_ Full Day or \_\_\_\_ Partial Day from \_\_\_\_\_ to \_\_\_\_\_ @ \$135/sub

**Type of transportation needed** \_\_\_\_ Van \_\_\_\_ Bus \_\_\_\_ \*Charter bus \_\_\_\_ \*Rental car

\*Complete and attach Request to Reserve rental/charter form

**Nurse needed to accompany student on Field trip** \_\_\_\_ Yes \_\_\_\_ No

**Teacher/Sponsor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved** \_\_\_\_\_  
Principal

Revised 6-21-18

(see reverse for Request for Transportation)

**CONRAD WEISER AREA SCHOOL DISTRICT  
REQUEST FOR TRANSPORTATION**

NUMBER OF STUDENTS/ADULTS: \_\_\_\_\_ DATE OF TRIP: \_\_\_\_\_

CHECK APPROPRIATE SPACES (s)

|   |                                  |  |  |
|---|----------------------------------|--|--|
| _____ Personal Vehicle<br>(authorized driver) | _____ School bus<br>_____ Number | _____ Van<br>(authorized driver)<br>_____ Number | _____ Other<br>(authorized driver)<br>_____ Type |
|---|----------------------------------|--|--|

DESTINATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

(ADDITIONAL STOPS) \_\_\_\_\_

DEPARTURE TIME \_\_\_\_\_ PICK UP LOCATION \_\_\_\_\_

RETURN TIME (the time you intend to be back at school) \_\_\_\_\_

PHONE CONTACT \_\_\_\_\_  
(NOT REQUIRED)

\*\*\* NOTE\*\*\*

**CAPACITIES: SCHOOL BUSES – 72 (3 PER SEAT); 48 ( 2 PER SEAT)  
VANS – 9 PASSENGERS + 1 DRIVER (10 PER VEHICLE)**  
(in order to use a van drivers must submit a Motor Vehicle Records release & a copy of a valid driver's license)

---

**ESTIMATE THE COST OF YOUR TRIP**

**SCHOOL BUS**

NUMBER OF MILES \_\_\_\_\_ x 2.50 PER MILE = \_\_\_\_\_  
(INCLUDE ROUND TRIP)

+

NUMBER OF HOURS \_\_\_\_\_ x 21.01 PER HOUR \_\_\_\_\_  
(INCLUDE TRAVEL TIME)

=

TOTAL \_\_\_\_\_

**VAN** \$1.00 PER MILE – NOT TO EXCEED \$50.00  
(FEE MAY NOT APPLY BASED ON PURPOSE FOR REQUEST)

*All School bus & van requests must be submitted 3 weeks prior to the departure date.*

*Conrad Weiser has 3 vans for trip usage, reservations are given in the order of receipt.*

Approved \_\_\_\_\_ Date \_\_\_\_\_  
(Transportation Director)