

UNIFIED SCHOOL DISTRICT No. 372
FIELD TRIP REQUEST FORM

This form must be completed in triplicate and filed with the Building Principal **two (2) weeks prior** to the date of the scheduled field trip. Approval requires the signature of the Building Principal and the Superintendent.

Name of Sponsor

Number of Students Involved

Class or Organization

Transportation Requirement

Destination

Departure Time and Date

Trip Itinerary: _____

Educational Objective (List the Kansas Standards covered. Describe how field trip will be integrated into classroom learning objectives.)

Expected time of arrival home: _____

Cost of Field Trip: \$ _____ (Using information on the reverse side of this form, calculate the approximate cost of this field trip.)

Principal

APPROVED DENIED

Superintendent

APPROVED DENIED

CC: Principal, Superintendent's Office, Transportation Director

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Calculate approximate cost of the field trip.

$$\text{Per mile cost of transportation} = (.57) \times \frac{\text{_____}}{\text{\# of miles}} = \$\text{_____}$$

$$\text{Hourly cost of Bus Driver} = (\$9.00) \times \frac{\text{_____}}{\text{\# of hours}} = \$\text{_____}$$

Cost of Fuel \$3.75/Gallon

$$(\text{8 miles per Gallon}) = (\text{\# miles driven} \div 8 \times \$3.75) = \$\text{_____}$$

$$\text{TOTAL} \quad \$\text{_____}$$