

# Greater Johnstown School District

## FIELD TRIP REQUEST FORM

**Note: Out-of-State and/or Overnight Trips require Board of Education approval and must be submitted to the Superintendent of Schools at least three months prior, with an Itinerary**

### Type of Trip:

1.  Educational 2.  Day Trip (during normal school day)  
 Extracurricular  Extended Trip (begins before / ends after normal school day)  
 Overnight Trip  
 Out of State/Country

### Sponsor/Group Information:

3. Name of Classroom/Club/Team sponsoring trip \_\_\_\_\_

Group Leader (Teacher/Advisor): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

# of Students Attending: \_\_\_\_\_ # of Adults Attending: \_\_\_\_\_ **Student & Adult List MUST be attached**

4. Purpose of Trip: \_\_\_\_\_

5. Destination of Trip: \_\_\_\_\_

Address of Trip: (city) \_\_\_\_\_ (state) \_\_\_\_\_

#### Departure from Johnstown

#### Departure from Destination

Date/Time: \_\_\_/\_\_\_/\_\_\_ \_\_\_:\_\_\_ AM/PM

Date/Time: \_\_\_/\_\_\_/\_\_\_ \_\_\_:\_\_\_ AM/PM

#### Arrival to Destination

#### Arrival Back to Johnstown

Date/Time: \_\_\_/\_\_\_/\_\_\_ \_\_\_:\_\_\_ AM/PM

Date/Time: \_\_\_/\_\_\_/\_\_\_ \_\_\_:\_\_\_ AM/PM

6. **Transportation** \_\_\_\_\_ walking \_\_\_\_\_ school bus \_\_\_\_\_ contract bus  
 Requested Available Bus with Transportation  yes  no Date: \_\_\_/\_\_\_/\_\_\_  
 MILEAGE = \$ \_\_\_\_\_ miles at \$ \_\_\_\_\_ per mile  
 DRIVER = \$ \_\_\_\_\_ hours at \$ \_\_\_\_\_/hr (add 1 hour pre/post)  
 # of buses needed \_\_\_\_\_ TOTAL ESTIMATE = \$ \_\_\_\_\_

7. Source of Funds  
 School Budget (Dept. \_\_\_\_\_) Current Budget Balance \$ \_\_\_\_\_  
 Other (Source Name: \_\_\_\_\_) Amount Funded \$ \_\_\_\_\_  
 Other (Source Name: \_\_\_\_\_) Amount Funded \$ \_\_\_\_\_

### TO BE COMPLETED BY TRANSPORTATION:

Transportation Cost Verification  yes  no  revised as indicated  
 Transportation Availability Verification  school bus  contract bus  no bus available  
 Signature of Transportation Coordinator: \_\_\_\_\_ (date) \_\_\_\_\_

8. **Admission/Entry Fee**  
 # of pupils \_\_\_ @ \$ \_\_\_\_\_ per person # of chaperones \_\_\_ @ \$ \_\_\_\_\_ per person  
 ESTIMATED TOTAL ADMISSION/ENTRY FEE: \$ \_\_\_\_\_

9. Source of Funds  
 School Budget (Dept. \_\_\_\_\_) Current Budget Balance \$ \_\_\_\_\_  
 Other (Source Name: \_\_\_\_\_) Amount Funded \$ \_\_\_\_\_

10. **Meals** \_\_\_\_\_ not required \_\_\_\_\_ bag lunch \_\_\_\_\_ to be purchased  
 Rate \$ \_\_\_\_\_ # of meals per day \_\_\_\_\_ # of days \_\_\_\_\_  
 Estimated Total Pupil Cost \$ \_\_\_\_\_ Estimated Total Chaperone Cost \$ \_\_\_\_\_

11. Source of Funds  
 School Budget (Dept. \_\_\_\_\_) Current Budget Balance \$ \_\_\_\_\_  
 Other (Source Name: \_\_\_\_\_) Amount Funded \$ \_\_\_\_\_  
 Other (Source Name: \_\_\_\_\_) Amount Funded \$ \_\_\_\_\_

12. **Overnight Accommodations**  
 Daily Rate \$ \_\_\_\_\_ # of nights \_\_\_\_\_ # of rooms \_\_\_\_\_  
 Estimated Total Pupil Cost \$ \_\_\_\_\_ Estimated Total Chaperone Cost \$ \_\_\_\_\_

13. Source of Funds  
 School Budget (Dept. \_\_\_\_\_) Current Budget Balance \$ \_\_\_\_\_  
 Other (Source Name: \_\_\_\_\_) Amount Funded \$ \_\_\_\_\_  
 Other (Source Name: \_\_\_\_\_) Amount Funded \$ \_\_\_\_\_

14. Are any students in need of special medical attention?  yes  no  
 School Nurse Signature Required: \_\_\_\_\_

15. In the event the trip will result in students missing classes, set forth arrangements for making up school work:  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Teacher/Advisor/Coach (Individual in Charge): \_\_\_\_\_ (date) \_\_\_\_\_

Approved  
 Not Approved Signature of Principal: \_\_\_\_\_ (date) \_\_\_\_\_

Approved  
 Not Approved Signature of Superintendent: \_\_\_\_\_ (date) \_\_\_\_\_

Board Approved at Meeting dated: \_\_\_\_\_ (for out-of-state/country and overnight trips)