

**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) \_\_\_\_\_

**Starting Point/School:**

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

**Departure from Destination**

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

**Arrival to Destination**

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

**Arrival Back to:**

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

6.	<b>Transportation</b> _____ walking	_____ school bus	_____ contract bus
	Requested Available Bus with Transportation <input type="checkbox"/> yes <input type="checkbox"/> 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		
	<input type="checkbox"/> School Budget (Dept. _____)	Current Budget Balance \$ _____	
	<input type="checkbox"/> Other (Source Name: _____)	Amount Funded \$ _____	
	<input type="checkbox"/> 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.	<b>Admission/Entry Fee</b>	
	# of pupils ___ @ \$ _____ per person	# of chaperones ___ @ \$ _____ per person
	ESTIMATED TOTAL ADMISSION/ENTRY FEE: \$ _____	
9.	Source of Funds	
	<input type="checkbox"/> 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: \_\_\_\_\_

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)