

MONROE CITY SCHOOLS

District Field Trip/Travel Request Form

(Overnight, Out-of-State and/or Out-of-Country)

PART I: GENERAL INFORMATION

Date Submitted: _____

School: _____ Name of Group, Class or Organization: _____

Teacher or Advisor(s): _____

Destination: _____

Purpose of Trip: _____

Number of Students Participating: _____ Grade Level: _____

Means of Transportation _____

Proposed Place of Lodging _____

Address _____ Phone _____

PART II: FIELD TRIP/TRAVEL COSTS

Individual Student Costs:

1. Transportation _____

2. Lodging _____

3. Meals _____

4. Registration/Ticket _____

5. Incidental Expenses _____

6. Admissions Fee _____

TOTAL = _____

Total Cost for Trip for All Involved:

1. Transportation _____

2. Lodging _____

3. Meals (*estimate*) _____

4. Registration/Ticket _____

5. Incidental Expenses (*estimate*) _____

6. Fund Raiser & Donations _____

TOTAL = _____

It is understood that parent permission forms will be secured from all students and acceptance of liability is indicated by the signature of parent(s) or guardian(s).

Names of Additional Staff Participating:

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

Names of Parent/Adult Chaperones (If known at this time):

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

Date and Time of Departure: _____
(Date) (Time)

Date and Time of Return: _____
(Date) (Time)

PART III: CURRICULUM CONNECTIONS

GLEs Addressed in Comprehensive Curriculum:

- 1. _____
- 2. _____
- 3. _____

Assessment Activities: _____

Advisor or Teacher's Signature: _____ *(Date)*

Principal's Signature _____ *(Date)*

Division Supervisor's Action: _____ *Approve* _____ *Disapprove*

Division Supervisor's Signature _____ *(Date)*

Superintendent's Action _____ *Approve* _____ *Disapprove*

Superintendent's Signature _____ *(Date)*