

Ravena-Coeymans-Selkirk Central School Field Trip Request Form

Does this form replace an existing form?
 __Yes __No

Submit this form to your building principal **THREE** weeks in advance of trip.

School _____ Date Submitted _____

Request Submitted by _____ Grade or Department _____

Date of Trip _____ Departure Time _____ Return Time to School _____

Number of Students _____ Special Medical Alert _____

Destination _____

EDUCATIONAL

Objective and Description of Trip _____

Class Trip Club Trip List Chaperone(s) (circle name(s) of person(s) in charge)

A. Student Admission Cost _____ Adult Admission Cost _____ Total Cost _____

School Transportation Required Yes # of Buses _____ No

Transportation confirmed date availability Yes Date notified _____

Special Needs Bus Yes Specify _____ No

If no, who will provide transportation _____
 (must be a 19A certified driver)

B. Total cost of transportation for adults/students _____ Total Trip Cost (**A&B**) _____
 (Attach invoice from bus company)

Source of Funding	<input type="checkbox"/> RCS District	<input type="checkbox"/> Fundraiser	<input type="checkbox"/> PTA/PTO	<input type="checkbox"/> Family	<input type="checkbox"/> Total
Total Monetary Amt. Being Funded	(Must be accompanied with a Purchase Request) \$	\$	\$	\$	\$

MUST EQUAL COST OF TRIP

	Date Approved	Date Disapproved	Remarks
BLT/Principal			
Superintendent			
Transportation Representative	Date Received		

Remarks _____

After review by the transportation department, copies will be returned to the principal and teacher submitting the request.