REQUEST FOR FIELD TRIP
CLEARFIELD AREA SCHOOL DISTRICT

1. Request MUST be submitted one week prior to the School Board meeting at which it needs approval. Meetings typically 3rd and 4th Monday of each month.
2. Permission must be obtained from parent of pupil to make trip, which must also include any medical concerns.
3. A roster of students and adults must accompany request, which could include any nurse as well.
4. District employee or approved volunteer must submit a photocopy of driver’s license to operate school owned vehicle.
5. Please list all special needs students on a separate sheet that will be attending this trip to be given to the special education department. Please also indicate whether or not special transportation is needed such as a wheelchair van.

Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: Elementary \_\_\_\_\_\_\_ Jr./Sr. \_\_\_\_\_\_\_

Grades \_\_\_\_\_\_\_\_\_\_\_\_\_ Number of pupils \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of adults \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Trip Destination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Trip (include educational value) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Depart time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Depart from Front \_\_\_\_\_\_\_ or Back \_\_\_\_\_\_\_\_ of school.

Is this a Special Education \_\_\_\_\_\_\_ Gifted \_\_\_\_\_\_\_ Club \_\_\_\_\_\_ or Class Trip \_\_\_\_\_\_

Charge to which account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost to the District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign: Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Sign: Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation: (Indicate # needed)
Contracted Services School Owned Vehicle
Van \_\_\_\_\_ 10 Passenger Van \_\_\_\_\_
School Bus \_\_\_\_\_ Utility Vehicle \_\_\_\_\_\_
Motor Coach \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Transportation Supervisor Date

8-15-18