



Pikeland Overnight Field Trip Request Form

Requested Date for Board Approval: _____

Trip Objective: _____

School:	
Grade/Department:	
Destination:	<ul style="list-style-type: none"> Trip itinerary attached

Educational Purpose:	
Number of Students:	
Number of Adults:	
Meeting Date w/ Chaperones:	Date: <ul style="list-style-type: none"> Parents have received district requirements for chaperones.
Names of certificated staff accompanying students:	

Dates of the trip:	Date leaving:	Time Leaving:	Date Returning:	Time returning:
Method of Transportation:	District:	Contracted:	Private:	Other:

Accommodation		
Name of Hotel(s):		
Check-in:	Date:	Time:
Check-out:	Date:	Time:
Form of Payment:		
Who is paying		

Supervision	
No. of students per room:	
No. of beds available per room:	
Chaperone lodging: (including payment)	
No. of Chaperones per vehicle and room:	

Meals			
No. of Meals:	Breakfast:	Lunch:	Dinner:
Meals paid for by:			
Cost and funding source of Trip to Student/Parent:			
Cost and funding source to School District:			

Principal Signature: _____

Date: _____

Superintendent Signature: _____

Date: _____