Sugar-Salem Joint School District #322

Student Long Distance Field Trip/Travel Request

**General:** (Overnight reservation needed)

|  |  |
| --- | --- |
| Name of employee(s) requesting field trip: |  |
| School:  | # of students involved in travel:  |
| Date submitted:  | Leaving Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Returning Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Destination:  |
| Group(s) involved in travel:  |
| Time of departure from school: | Time of return to school:  |

**Activity description and how it relates to curriculum standards:**

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| --- |
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|  |

**Transportation:**

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| --- |
| Estimated number of miles from school to location and back to school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District bus \_\_\_\_ Charter busCost per mile (call transportation director to get this information): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total mileage/bus costs (# of total miles x cost = total): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Food Services:**

|  |  |
| --- | --- |
| Number of students needing school sack lunch provided:  |  |
| Number of adults needing school sack lunch provided:  |  |
| Number of students bringing a home packed lunch or money (helps us adjust our food preparation):  |  |
| { } By marking this box, we will be back to eat at the school or will leave after lunch and no adjustments are needing to be made to our lunch counts.  |

**Hotel Arrangements:**

|  |  |
| --- | --- |
| Hotel Name:  |  |
| Address:  | Telephone: |
| # Nights Staying: | Cost per night:  |
| # of Rooms:  | District PO # |

**Funding Source(s):**

|  |  |  |
| --- | --- | --- |
| Activity expense | Cost  | Account:  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | Students/family responsible for this activity expense.  |

**Approval Signatures:**

|  |  |
| --- | --- |
| Building principal: |  |
| Transportation Secretary/ Supervisor: --indicates bussing/staffing available | Bus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Food Services School Kitchen manager—indicates notification  |  |
| Funding Approval Signature –Federal Programs director, etc. *If funding different from building level*  |  |
| Superintendent’s signature (for information purposes):  |  |
| Board Approval (if needed):  |  |

We have special instructions or comments needed for building principal, bus driver, food services (i.e. allergies), etc. and is noted on the back of this sheet. \_\_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no \_\_\_\_\_\_\_\_\_\_ not applicable

\_\_\_\_\_\_\_ Attached is the flyer/notification for parents