

Sheepscot Valley School Union #133
Palermo - Somerville - Windsor
 FIELD TRIP/EXCURSION APPROVAL REQUEST FORM

Name of Staff Member: _____ * Identify related classroom activity:
 *
 School: _____ *
 *
 Trip Date(s): _____ Location of field trip: _____
 Class or Organization: _____
 Number of Students: _____ Special Transportation needs: _____
 List of Chaperones: _____
 _____ & _____
 _____ & _____ Medical concerns: _____
 _____ & _____

Departure Date: _____ Return Date: _____
 Departure Time: _____ Return Time: _____

Signature of Staff member: _____ Date signed: _____

~~~~~ Office Use ~~~~~

Principal: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Cost(s) associated with this trip:

Driver(s) Assigned: \_\_\_\_\_ & \_\_\_\_\_

Driver: \$ \_\_\_\_\_ per hour X \_\_\_\_\_ hours = \$ \_\_\_\_\_ Total

Bus used: \_\_\_\_\_ miles X \$ \_\_\_\_\_ per mile = \$ \_\_\_\_\_ Total

Other Costs: \_\_\_\_\_  
 \_\_\_\_\_

Total Cost of Trip: \$ \_\_\_\_\_

Funds to be paid from: \_\_\_\_\_ Class funds: \_\_\_\_\_

PAWS/PTA: \_\_\_\_\_

School Budget Acct. No: \_\_\_\_\_ Students: \_\_\_\_\_

Other-specify: \_\_\_\_\_

\_\_\_\_\_  
 Principal's Signature

\_\_\_\_\_  
 Date