

# FIELD TRIP APPLICATION FORM

(For field trips within the State of Michigan)



Permission for field trips within the State of Michigan must be secured at least 10 working days prior to the trip. Please complete the following application and submit it to the building principal. **No prior arrangements may be made with transportation.** All field trips must have administrative approval before parents and students are asked to submit permission slips and/or money. **Due to conflicts, no applications for field trips will be accepted after May 15<sup>th</sup>.**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Students: \_\_\_\_\_ Date of Trip: \_\_\_\_\_ School: \_\_\_\_\_

Destination: \_\_\_\_\_

Chaperone Name(s): \_\_\_\_\_

Contact phone number to reach a chaperone during field trip: \_\_\_\_\_

Number of Buses Requested: \_\_\_\_\_ (one chaperone required per bus)

Departure Time (required) **FROM** school: \_\_\_\_\_ Return Time (required) **TO** school: \_\_\_\_\_

Will students be participating in the lunch program in your building on this day?  Yes  No

Are you interested in the Nutrition Services Dept. providing lunch for the field trip?  Yes  No

How is trip to be financed?  School Fund  Indiv. Student  Fund Raiser  Parent Group

Bill to Acct #: \_\_\_\_\_ Account Name: \_\_\_\_\_

Substitute Needed:  Yes  No  All Day  Part of Day (from \_\_\_\_\_ to \_\_\_\_\_)

Substitute Acct #: \_\_\_\_\_ Account Name: \_\_\_\_\_

Excursion Purpose (describe learning outcomes and objectives to be met related to this trip):

\_\_\_\_\_  
\_\_\_\_\_

Signature of staff member requesting trip: \_\_\_\_\_

**BUILDING SECRETARY APPROVAL:** \_\_\_\_\_ Certificate of insurance is on file and valid through date of trip?

**YES**  **NO**  If no, you must request the certificate of insurance and send a copy of the request to the Business Office.

**NOT REQUIRED**  for: governmental entities, museums, theaters, restaurants, national hotel chains, aquariums, amusement parks, zoos, sports arenas (for viewing sports only) or STCS building to building travel.

**ADMINISTRATOR APPROVAL:** \_\_\_\_\_ Date: \_\_\_\_\_  Denied

\*If approved, please forward entire form to the Transportation Department. If school bus is not required, building secretary should retain the white and yellow copies and forward the pink copy to Nutrition Services and gold copy to the Business Office.

## Transportation Supervisor Only

Estimated Transportation Costs: \_\_\_\_\_ Per Bus Based on \_\_\_\_\_ Miles

Additional Information: \_\_\_\_\_

Trip Approved  Trip Denied  Reason: \_\_\_\_\_

Signature of Transportation Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_