Revised 11/16/2010

Mount Union Area School District
Field Trip Request

This form is to be used for all field trips. Do not make the request in letter form. This form must be submitted through your immediate supervisor to the Office of the Superintendent ten (10) work days prior to the monthly board meeting. If you do not submit your request in the time indicated, you will lose your opportunity for the field trip. DO NOT MAKE ANY COMMITMENTS TO STUDENTS OR SITES PRIOR TO GETTING APPROVAL.

All trips are approved with the understanding that the trip may be cancelled if:
(1) Substitutes are not available because of excessive demand or teacher absences.
(2) Transportation is not available.

Submitted by: _____

Others Attending or Going:
_____
_____

Number of Pupils: _____

Purpose of Trip:_____

School:_____

Event & Location: _____
_____

Date of Field Trip: _____

Time: Leave _____Return _____

Name of Group: _____

Miles Involved, both ways:_____

Please answer Yes or No to the following:

(_____) Will the school nurse be going with the group?
(_____) Will you obtain signed permission slips from the parents/guardians?
(_____) Are you asking for the use of a bus? If yes, how many? _____
(_____) Are you requesting the use of a van? Handicapped Accessible? _____
(_____) If you are asking for a van, are you aware that the limit on passengers is 10, which includes the drive?
(_____) Are you requesting a substitute?

How will this field trip be financed? Please check responses.

(_____) Our class or group will pay expenses involved.
(_____) We are asking that the School Board pay these expenses as listed:

_____
_____Total $_____

(_____) Other, please explain: _____

_____ Approved: _____ Denied: _____
(Signature of employee making request.)

_____ Approved: _____ Denied: _____
(Signature of Supervisor)

_____ Approved: _____ Denied: _____
(Signature of Superintendent)

Date:_____ Board Meeting Approved _____