



# PASCO COUNTY SCHOOLS FIELD TRIP REQUEST FORM

MIS Form #106

Rev. 04/19

School Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of Person in Charge: \_\_\_\_\_ Position: \_\_\_\_\_ Submitted: \_\_\_\_\_

Group Attending: (team, class, group, etc.) \_\_\_\_\_ Phone #: \_\_\_\_\_

# of Students Participating	# of Chaperones (Non School Board Employees)	# of School Board Employees	# of Substitutes
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School Bus/Van	# of Buses Required	Private Vehicle	Walking	Charter Bus
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Special Instructions for ESE: \_\_\_\_\_

### FIELD TRIP DESTINATION/TIMEFRAME/PURPOSE

Destination: _____		On Site Contact Person: _____	
Location Address: _____		Contact Person Phone #: _____	
City/State/ _____		Location Phone #: _____	
Zip: From: _____	To: _____	Estimated Hours Round Trip	Estimated Miles Round Trip
Date      Time	Date      Time		
Educational Purpose: _____			
Funding Source: District Funds: _____		Internal Funds: _____	

Actual on site instructional time: \_\_\_\_\_ Overnight request requires copy of trip agenda attached

### APPROVAL LEVELS

Principal	Assistant Superintendent	School Board
Less than 100 miles or 2 hours each way	More than 100 miles or 2 hours each way Exclusionary Period Controversial Water Related	Overnight Out of State/Country

### FIELD TRIP BUDGET

Estimated Income:			Estimated Expenses:		
X	# of Students	Contribution (each)      Total	X	# of Students	Cost (each)      Total
X	# of Chaperones	Cost (each)      Total	X	# of Chaperones	Cost (each)      Total
Other source (specify) _____			Other expense (specify e.g., substitutes) _____		
. Total Income: _____			. Total Expense: _____		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing in the space above, I certify that as the person in charge of this trip I have reviewed the requirements and consulted with my principal for approval. \_\_\_\_\_ Date: \_\_\_\_\_

School Administrator: \_\_\_\_\_  
 I have reviewed the field trip plan. My signature indicates approval for this \_\_\_\_\_ Date: \_\_\_\_\_

field trip. Assistant Superintendent Signature (if needed): \_\_\_\_\_ Date: \_\_\_\_\_

School Board Approval Required: \_\_\_\_\_ Board Approved \_\_\_\_\_  
N/A      Yes      No

Date: \_\_\_\_\_