

APPLICATION FOR FIELD TRIP
PRIOR APPROVAL REQUIRED

Building: _____ Current Date: _____

Teacher(s): _____ Date of Trip: _____

Grade Level(s): _____ Location of Activity: _____

Club/Organization: _____

Describe proposed activity, including purpose: _____

List objective(s): _____

Relate the trip objective to post-trip activities: _____

Parent notification/approval method: _____

Safety steps: _____

Supervision: Number of students on trip _____ Number of adults on trip; _____

List the names of staff members who will be accompanying students: _____

Estimate of Expenses: _____ Budget code to be charged _____

Transportation: _____ School Bus _____ Auto Cost _____

Meals: _____ Total # @ _____ Cost _____

Registration: _____ Total # @ _____ Cost _____

Other (specify) _____ Total Cost to District: _____

If a bus is required, you must complete the "Request for Busses/Activity Trips" form with Principal/Sponsor Approval. If any of the above expenses are to be covered by a Purchase Order, please attach a copy of the P.O.

This section is to be completed by Director of Instruction:

Request Approved: _____ Request Denied: _____

Comments: _____

MOBERLY PUBLIC SCHOOLS
REQUEST FOR BUSES - - ACTIVITY TRIPS

To be completed by person requesting bus:

Date Needed: _____ Destination: _____

Organization: _____

Purpose of trip: _____

Number to be transported: Elementary Students _____ Middle School Students _____

High School Students _____ Adults _____

Number of Buses Needed _____

Bus will depart from _____ at _____ a.m. / p.m.

Bus will depart from _____ at _____ a.m. / p.m.

Signature of person requesting the bus

To be completed by Building Principal/Activity Director:

Bus request approved: _____ Bus request denied: _____

Reason for denial: _____

Signature of Building Principal or Activity Director

To be completed by Transportation Supervisor:

Bus/busses will _____ will not _____ be available for requested trip to _____ on _____
(location) (date)

Bus number(s) _____ and driver(s) _____

_____ have been assigned.

Reason(s) for denial of request: _____

Signature of Transportation Supervisor

To be completed by Central Office:

Your request has been approved: _____ Your request has been denied: _____

Superintendent / Assistant Superintendent