

FOREST AREA SCHOOL DISTRICT
FIELD TRIP REQUEST FORM

(Revised 04/2017)

Requested by: _____ School _____

Date Submitted to Building Principal: _____

*(Must be submitted two weeks prior to the next regular meeting of the School Board.)

Grade Level/Group/Club: _____

Field Trip To: _____

City _____ State _____

Date(s) of Field Trip: _____

Estimated amount of classroom instructional time missed: _____

*(Expressed either in class periods, hours, or days.)

Departure Time: _____ Return Time: _____

Travel distance (one way) to furthest destination listed on trip itinerary: _____

Teacher/Staff Sponsor(s): _____

Number & Names of Chaperones Participating: _____

Number of Students Participating: _____

Will there be handicapped students or adults participating in this field trip who require special transportation or accommodations: **Yes** _____ **No** _____

If **Yes**, briefly describe the provisions, which have been made and indicate the building contact person who can provide additional information: _____

***A signed parental consent form and emergency medical form must be on file in the Principal's Office and carried by the advisor while traveling for each student attending the trip.**

Brief explanation of the purpose of this trip: _____

Please list the learning objectives to be accomplished: _____

A trip itinerary should be attached to this request.

FOREST AREA SCHOOL DISTRICT

(Revised 10/2018)

FIELD TRIP REQUEST FORM

		<u>Estimated Cost</u>	<u>Funded by</u> <u>(Group, etc.)</u>
Transportation			
Bus Calculations:			
Driving and Layover time - Approximate Hours X current rate	Est. Hours _____	X \$11.00 = _____	_____
Bus Mileage (Round Trip) - Approximate Miles X current rate	Est. Miles _____	X \$1.47 = _____	_____
Total Approximate Cost of Bus:		_____	_____
School Van / or personal car Calculations:			
Mileage is \$.545 per mile	Est. Miles _____	X \$.545 = _____	_____
Substitute Teacher/Nurse(s):			
Teacher Sub Cost - \$122.85 (Inc. SS/Med & Retire.)	# of days _____	X \$122.85 = _____	_____
Nurse Sub Cost - \$134.03 (Inc. SS/Med & Retire.)	_____	X \$134.03 = _____	_____
Other (please list):			
_____		_____	_____
_____		_____	_____
_____		_____	_____
Total Approximate Cost to be approved		=====	_____

The total amount of district incurred expense has been approved in the annual budget:

Yes _____ No _____

The Building Principal will notify the individual who requested the trip of the Board action.

Approved by the Building Principal _____ Date _____

Date request was received by the Central Office _____

Approved by the Superintendent _____ Date _____

FOREST AREA SCHOOL DISTRICT
Bus Transportation Request Form

(Revised 04/2017)

East Forest Elementary School _____ West Forest Elementary _____
East Forest High School _____ West Forest High School _____

This form must be filled out and returned with field trip approval form for any field trip, curricular, or extra-curricular activities (includes interdistrict activities) that require bus transportation.

Date of request: _____

Date on which bus is needed: _____

Name of group: _____ **Contact Name:** _____ **Cell#:** _____

School: _____ **Grade:** _____

Destination: _____

Will there be any meal stops: _____ **If so, where:** _____

Number of students: _____ **Number of chaperons:** _____

Time of departure: _____ **Departing from:** _____

Time of return: _____ **Returning to:** _____

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Office Use Only: Date bus garage was contacted: _____

Date bus transportation was confirmed: _____

STUDENT FORM

(Revised 08/2012)

Forest Area School District

Field Trip

Medical Emergency Form

Student Name _____ Date of Birth _____

Parent/Guardian Name _____ Home Phone # _____

Home Address _____ Work or Emergency # _____

In case parents cannot be reached at either of the above numbers, contact

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Physician's Name _____ Phone # _____

Does your child have any health problem or physical limitation? () No () Yes If yes, please specify and explain treatment if necessary. _____

Does your child have any allergies? (Medicine, food or environmental) () No () Yes If yes, please specify and explain what treatment in necessary. _____

List any medication and dosage of that medication that your child takes: _____

In order for any medication to be administered by personnel of the school district we must have on file a written physician's order and a parental consent form. The medication must be delivered in its original bottle. This policy is for prescription and non-prescription medicine.

Date of last tetanus booster: _____

Emergency Release:

If emergency treatment is required and parents cannot be contacted, your signature in the space provided empowers the school personnel to exercise their judgment in calling the physician indicated, transporting the student to the nearest hospital emergency room, or calling an ambulance if deemed necessary. I hereby release the Forest Area School District from any liability as a result of this treatment.

Parent Signature _____ Date _____

Insurance Company _____ Insurance Policy# _____