ARGS Field Trip Request

Trip Coordinator _____ Date(s) of Trip _____

Grade(s) _____ Subject _____

# of Students _____ # of Chaperones _____

Sites to Visit: _____

Site Address: _____
Address City State Zip

Type of Transportation ____ School Bus ____ Charter Bus _____Other (specify) _____

Departure time _____ Departure place _____

Return time _____ Return place _____

What are the lunch/meal plans? _____

Explain briefly the purpose and objective of the trip:

_____

_____

Provisions for Special Needs Students (transportation, personal needs, etc.) _____

_____

Provisions for students who have medical needs: _____

Cost Computation

(Must be completed by teacher or form will be returned)

Distance round trip _____ miles @ $3.00 per mile = $_____

Tolls $_____ Bus Charges: School bus @ $21.00 per hour = $_____

Number of buses: _____ **Total Bus charges $**_____

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Cost for Event (per student): $_____ **PLUS** Cost for buses (per student): $_____

Total cost per: Student: $_____ Adult: $_____

All monies due by (date) _____ **REFUNDS WILL NOT BE GIVEN AFTER (DATE)** _____
(2 WEEKS PRIOR TO TRIP)

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Office Use Only

Permission Granted □ Yes □ No Date _____ Authorization # _____

Administrator _____

Bus Drivers: _____ _____

_____ _____