

ATTACH MAPS TO
SPECIAL LOCATIONS

WEST GEAUGA LOCAL SCHOOLS
FIELD TRIP APPLICATION

COMPLETE IN DUPLICATE
15 DAYS PRIOR TO TRIP

Curriculum Field Trip-District Paid

ORGANIZATION TO BE BILLED (INCLUDE NAME OF ORGANIZATION, CONTACT PERSON, AND ADDRESS TO BE BILLED)

	HS (014 1100 430 9030 030) MS (014 1100 430 9020 020) LN (014 1100 430 9012 012) WW (014 1100 430 9014 014)
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FIELD TRIP DESTINATION _____	DAY & DATE OF TRIP _____	GROUP TAKING TRIP _____
STREET ADDRESS _____	SCHOOL OF DEPARTURE _____	TIME OF DEPARTURE _____
CITY & STATE _____	SCHOOL OF RETURN _____	TIME OF RETURN AT SCHOOL _____
NUMBER OF STUDENTS: _____	MUSIC DEPARTMENT: INSTRUMENTS? YES NO	
NUMBER OF FACULTY: _____	SPECIAL NEEDS: Wheelchair Yes How many _____	
TOTAL NUMBER: _____	Other: _____ How many _____	
	_____ How many _____	

Describe briefly below the purpose or value of the requested field trip:

*PACKED LUNCH: YES NO TYPE OF BEVERAGE: _____

- Buses are **not** available before **9:00 a.m.** for field trips on regular school days. All buses must return to the school from which they departed no later than **1:30 p.m.**
- Sponsors/faculty are responsible for maintaining student discipline on each bus used for the field trip. They should particularly watch the back areas of the bus during these trips. Drivers hold the right to refuse to drive if conduct is unacceptable.
- Students and sponsors/faculty riding a field trip bus are responsible for keeping the bus clean and neat.
- PACKED LUNCHES ARE REQUIRED. Eating on buses is not permitted while the bus is in motion. Buses are discouraged from stopping at restaurants.
- Sponsors of field trips must be sure to (a) turn in parent permission slips to the school office, (b) inform the school cafeteria of the number to be absent from lunch on the day of the trip, and (c) sit toward the rear of the bus as supervision control method.

SPONSOR'S SIGNATURE _____ PHONE EXTENSION _____ DATE _____

FOR OFFICE USE ONLY

PRINCIPAL'S SIGNATURE _____	DATE _____
BUSINESS MANAGER'S SIGNATURE _____	DATE _____
ACTUAL COST TO INVOICE _____	

NUMBER OF APPROVED BUSES _____

POSTED ON TRANSPORTATION CALENDAR: _____

ESTIMATED COST OF TRIP _____