

Ashford Public Schools Field Trip/Bus Request Form

Requesting Teacher(s)

Grade

Trip/Event Destination

Date of Trip/Event

Departure Time	Arrival Time at School	Number of Buses	Number of Students	Number of Chaperones*
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*As stated in handbook; or appropriate number as determined by the hosting venue or destination. Include staff members in total

Total Cost Per Person

Substitute Coverage Needed?

Substitutes Needed For:

Yes No

List Curriculum Specific Objectives:

Student Accommodations, if any

Special Ed _____ 504 _____ Car Seat _____

Nurse Required

Signature of Requesting Person

Date

Administrative Authorization

Date

School Activity Fund Payment Issued by

Date Issued

Copies to:

Main Office

Supt/Finance

Cafeteria

School Nurse

Transportation

Teacher(s)

SpEd Case Manager

Web Coordinator