

Date: _____

RCBOE Field Trip Request

Trip #: _____

School: _____ Sponsor(s): _____ Club/Grade: _____

Date of Trip: _____ Overnight: No Yes If "Yes", Board Meeting Date: _____

Destination (Provide Address, If Not Local): _____

Departure Time: _____ Arrival Time: _____ Overnight Trips Include Return Date: _____ Return Time: _____

Principal Signature: _____ Date: _____

(When Applicable) Special Needs Director Signature: _____ Date: _____

Student Learning Outcomes: _____

Director of Instruction Signature: _____ Date: _____ Approved Denied

Fund To Be Charged: _____ Accounting Code: _____

Substitute Teacher Charge: _____ (Copy of Detached Duty Form(s) Attached)

CSFO Signature: _____ Date: _____ Approved Denied

Total # Cafeteria Lunches Cancelled: (Paid Reduced Free)
 Total Number of Box Lunches Needed: (Paid Reduced Free Adults)
 No Lunches Needed: (Explanation: _____)

CNP Director Signature: _____ Date: _____ Approved Denied

Total # Passengers:
 Students: Boys Girls Number of Buses Needed:
 Special Needs Buses: Female Male

Explain "0" Buses Requested Here: _____

Transportation Signature: _____ Date: _____ Approved Denied

Superintendent Signature: _____ Date: _____ Approved Denied

Overnight Field Trip Board Action: _____ Date: _____ Approved Denied