

JUNIATA COUNTY SCHOOL DISTRICT

(Yellow)

Request for Approval of Field Trips and Bus Transportation

Today's Date: _____ Trip Date ____ - ____ - ____ Trip Day: _____

Requesting Teacher: _____ School: _____

Grade/Class/Club: _____

Depart From School: _____ A.M./P.M. Return To School: _____ A.M./P.M.

Number of Students _____ Number of Adults _____

Teacher(s) Supervising Trip _____

Field Trip Destination _____ Location Telephone Number _____

Field Trip Address _____

Admission Cost Amount: _____ No Admission Cost

Approximate Miles from School to Destination: _____ Funding Source: _____

PARENTAL CONSENT and MEDICAL AUTHORIZATION FORMS:

Date by which all forms will be completed/submitted to teacher: _____

Medication (as needed) will be administered by: _____

EDUCATIONAL RATIONALE: Teachers ~Please provide information on reverse side of this form.

TRANSPORTATION ARRANGEMENTS:

Check one: Transportation Needed No District Transportation Needed

Transportation to be arranged by: School District Group/Club(name) _____

District Transportation Requested:
 Bus(es) Number : _____ Requested Vendor: _____

Van(s) Number: _____ Requested Vendor: _____

REQUIRED SIGNATURES:

Principal's Signature

Date

Assistant Superintendent's Signature

Date

Please submit three copies of this form to the Office of the Assistant Superintendent.

EDUCATIONAL RATIONALE:

Subject Area(s):

Instructional Unit(s):

Please provide a summary of how this field trip will address topics that are taught in your classroom. *Remember to include the specific Academic Standards that will be addressed.*

Please provide a brief Trip Itinerary/Schedule of Activities

Requesting Teacher's Signature

Date