KARNS CITY AREA SCHOOL DISTRICT REQUEST FOR FIELD TRIP FORM

1.	Name of staff member/s making request:			
2.	Date/s of trip:			
3.	Destination (include address and approx. distance (miles):			
4.	Grade/s participating:Total number of students (attached roster):			
5.	Purpose: (State briefly the curricular focus and the expected outcome of the field trip)			
6.	Expenses: (all information must be provided for approval). Actual Costs (use whole dollars): Budget code/s (District Office Use): Substitute Fees: \$			
7.	Itinerary:Fill in your IInerary below. Be specific.Example:Destination:Time:Destination:Time:Board bus at ABC SchoolTime:Destination:8:30amArrive at Famous Art Museum			
8.	Emergency Plan: In the event of an emergency, the principal will be contacted. Emergency phone numbers, medications, etc. will be taken on the trip.			
9.	Permission: Written permission of the parent/guardian must be obtained before any student may participate.			
10.	Approval: I understand this request must be completed in a timely manner and reviewed by my building principal before submission to the Superintendent and School Board. The request must be in the District Office 2 weeks prior to the Board Meeting preceding the trip for Board authorization. It is my responsibility to make all arrangements for a substitute, registration, lodging, and transportation, if necessary.			

 reacher s Signature	 Date
 Principal's Signature	 Date
 Superintendent's Signature	 Date