

**School Activity Account
Field Trip Budget Form**

Teacher Coordinator: _____

Destination: _____

Date of Trip: _____

	Cost Per Student	# of Students	Total
(A) Students:	_____	_____	_____ (A)
(B) Chaperones:	_____	_____	_____ (B)
(C) Total Trip Cost:	_____ (A) + (B) = (C)		

(D) Total Revenue to be Collected: _____

(E) Total Amount Funded by District: _____

Total Revenue: _____ (D) + (E) = (C)

Transportation Needed: _____

Local: Preston School Bus: _____ No Charge _____

Coach Bus: _____

Parking Cost: _____

Gratuities: _____

Total: _____

Food: _____

Lunch: _____

Dinner: _____

Snacks: _____

Total: _____

Grand Total: _____

*Must be approved in advance by Building Administrator and verified by Superintendent/Business Manager:

Building Admin: _____ Date: _____

Super/Business Manager: _____ Date: _____

Phone: 860-887-9483

Fax: 860-859-9718

E-mail: hibbardp@prestonschools.org

Preston Schools Transportation Dept.

Field & Sport Trip Bus Request Form For 2013-2014

1. TEACHERS: PLEASE: TWO WEEKS IN ADVANCE OF THE ANTICIPATED FIELD OR SPORT TRIP

_____ Day _____ Date of Trip _____

SCHOOL _____

Destination _____

Address _____

Grade(s) Involved _____ Number of Students _____ + Adults _____ =Total _____

Description of Trip _____

Program begins _____ and ends _____.

(Please do not include departure/return to school.)

CHECK THOSE THAT APPLY:

We will be going to the above destination, and returning to school.

We will be leaving our first destination, then travelling to _____.

We will stop for lunch at _____.

Requested by _____
Teacher Date

II. Principal: Please review and return to the Bus Garage

APPROVED BY _____
Principal Date

III. BUS COORDINATOR:

Bus will depart from Bus Garage at _____ and return at _____.

Bus will depart from School at _____ and return at _____.

Confirmed by: _____

- Date: _____
- Original - Bus Coordinator
 - Copy to Teacher in charge of trip
 - Copy to Health Aide
 - Copy to School Office

Transportation Fee \$ _____.

Preston Public Schools Field Trip Request

PVMS or PPMS (check one)

Grade Level: _____

Date Submitted: _____

Trip #1:

Destination: _____ Date of Trip: _____ Duration: _____ Lunch @ school: Y N
(circle one)

Purpose: _____

How is this trip aligned with your curriculum? _____

How will you incorporate this trip into your instruction? _____

Trip #2:

Destination: _____ Date of Trip: _____ Duration: _____ Lunch @ school: Y N
(circle one)

Purpose: _____

How is this trip aligned with your curriculum? _____

How will you incorporate this trip into your instruction? _____

Principal's Signature of Approval

CC: Linda Congdon/Susan Porter
Cafeteria Personnel