



Transportation provided or paid by:

- District Activity Fee
- Athletic Department
- Special Education Department
- PTO
- Students
- Other (Explain) \_\_\_\_\_

Activity provided or paid by:

- District Activity Fee
- Athletic Department
- Special Education Department
- PTO
- Students
- Other (Explain) \_\_\_\_\_

Total cost to pupil for transportation: \_\_\_\_\_ Total cost to the district for transportation: \_\_\_\_\_

Total cost to pupil for Activity: \_\_\_\_\_ Total cost to the district for Activity: \_\_\_\_\_

If no cost to the pupil or district-state reason: \_\_\_\_\_

Is a nurse or aide required to attend the trip? \_\_\_\_yes \_\_\_\_no

\*\*If yes, the form is sent to the Office of Pupil Services after Principal's signature.

Fundraising Campaign: \_\_\_\_yes \_\_\_\_no

Items to be sold: \_\_\_\_\_ Cost: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Overnight location(s)

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Insurance in the amount of \$\_\_\_\_\_ liability, \$\_\_\_\_\_ medical, and \$\_\_\_\_\_ trip cancellation is in force for each student as required by district policy.

Insurance firm:

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Tentative Itinerary: A copy is attached. \_\_\_\_yes \_\_\_\_no  
Final itinerary must be filed with the Principal prior to departure.

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