

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: _____

Accommodations have been made for students with medical/other needs. This includes medication administration, handicapped accessibility and/or specialized treatment required during the field trip. Yes _____ No _____

If yes, explain _____

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 _____ If yes: Start Date _____ End Date _____

Items sold _____ Cost _____

Principal's Signature of Approval

Date

Director of Pupil Services/Supervisor of Spec. Ed
Signature of Approval (If applicable)

Date

Assistant Superintendent's Signature of Approval

Date

Superintendent's Signature of Approval

Date

Transportation Confirmation/Approval

Date