ARGS Field Trip Request

Trip Coordinator	Date(s) of Trip
Grade(s)	Subject
# of Students	# of Chaperones
Sites to Visit:	
Site Address:Address	City State Zip
Type of Transportation School	ol Bus Charter BusOther (specify)
Departure time	_ Departure place
Return time	_ Return place
What are the lunch/meal plans?	
Explain briefly the purpose and objective of the trip:	
Provisions for Special Needs Students (transportation, personal needs, etc.)	
Provisions for students who have medical needs:	
Cost Computation (Must be completed by teacher or form will be returned)	
Distance round trip	_ miles @ \$3.00 per mile = <u>\$</u>
Tolls \$ Bus C	Charges: School bus @ \$21.00 per hour = <u>\$</u>
Number of buses:	Total Bus charges \$
**************	***************************************
Cost for Event (per student): \$	PLUS Cost for buses (per student): \$
Total cost per: Student:	: \$ Adult: \$
All monies due by (date)	_ REFUNDS WILL NOT BE GIVEN AFTER (DATE)
*****	(2 WEEKS PRIOR TO TRIP) ++++++++++++++++++++++++++++++++++++
Permission Granted Yes No	Date Authorization #
Administrator	
Bus Drivers:	