

NEW PRAIRIE UNITED SCHOOL CORPORATION

FIELD TRIP, TRANSPORTATION, HEALTH SERVICES AND LUNCH REQUEST FORM
(Must be submitted 14 days before departure or 21 days if overnight trip)

1. Requestor _____ School _____
2. Description of Student Group _____ Grade(s) _____
3. Date(s) and Hour(s) of Trip _____ Leave: _____ Return _____
4. Destination _____
5. Immediate Stopovers _____
6. Purpose of Trip and Educational Benefit to Students _____

7. Number of Students _____ Number of Adults to Supervise _____
8. Will this trip need a route bus or an activity bus? _____
9. Any additional comments: _____

FOOD SERVICE

10. Will students miss lunch? Yes No. If yes, will they need a sack lunch? Yes No. If yes, please fill out the Cafeteria Field Trip Form and turn in to Building Food Service Manager.
(High School only: If students will miss lunch please list number of students from each lunch period: Lunch High School: Lunch A _____ Lunch B _____ Lunch C _____ Other: _____)

HEALTH SERVICES

11. Are there any students with special medical needs that may require a nurse or health aide? _____
(Give a list of students going on the field trip to nurse or health aide.)

BUSINESS OFFICE/EXTRA-CURRICULAR

12. Does this trip require billing? Yes No If so, please attach invoice from Mr. Lasley
13. What account number should the invoice directly be billed? _____ (Account # required)
14. Will a check(s) or Pro Card be needed? Yes No
(If yes, submit proper paperwork to Building Treasurer at least 5 school days before trip.)

14. Will a substitute be needed? Yes No

15. Date Submitted _____ Signature of Teacher _____

Approval of Principal Date

Approval of Superintendent/Board Date

16. Driver Assigned by Transportation Director _____

An approved email will be sent to the Administrator, the Involved Staff Member, Transportation, Food Services, and Health Services.