

Field Trip & Transportation Request

Advisor: Attach to Your Travel Authorization Package

Only educational curricular trips, with a direct link to the classroom curricula, will be approved and financially supported by the ACT Department.



Name: _____ Cell# _____ School Phone & Ext. _____

Field Trip Date(s): _____ School _____

Field Trip Coordinator/Teacher _____ Event _____

Trip Destination: _____

Address and Hotel

Is this location your only destination? Yes No

If no, specify below where else you will be visiting.

Educational Purpose of the Trip:

Field Trip Type:

Type A (CTSO/CTE single or partial day)

Type C (CTSO/CTE all overnight or out of state)

Group Going: _____ Est. # Students: _____ #Advisors: _____

Names of **District** Chaperones Attending: _____, _____, _____

ESTIMATED FUNDING SECTION MUST BE COMPLETED by Advisor:

Check all that apply

Internal Acct Name & # _____

Transportation Paid by: ACT

Estimated Per Student (PS)

Internal

Reg. Fee (PS) \$ _____ Transportation (PS) \$ _____ Other (PS) \$ _____ Hotel Share Per Night \$ _____

Estimated cost to be collected from each student toward expenses above \$ _____ No Cost to Student _____

How Trip is Funded: Check all that apply

Internal
Your School

ACT
Discretionary

Student
District

Other Sponsor

TRANSPORTION BY:

School Bus _____ Rental (Enter Qty) _____ Charter Bus _____ Airlines _____ No District Transportation Provided

COMPLETE FOR BUS BELOW:

Departing Pick up Location, Date & Estimated Time _____

Reloading, Date and Time _____ Back to Origination by: _____

COMPLETE FOR RENTALS:

Rental-Qty. & Type: Mini- Van 7 Pass. SUV Lg. SUV 4 Pass. Car

Enterprise Location: 817 1st St. East; Bradenton _____ or LWR Branch near BRHS _____ Pick

up Date & Time _____ Rental Return Date & Time _____

District Certified Drivers' of Vans are: _____

ACT Dept. will contract buses & advise pickup. School to arrange & pay all transportation.

I have read the Field Trip Handbook and fully understand and accept my responsibilities as Field Trip Coordinator and/or teacher chaperon making this request.

Teacher Signature

Date

Your Principal's Signature

Date

School

Other Principal's Signature Required if Chaperoning Students from Another Sch.

Date

(Include Justification Letter when taking students from another school)