REYNOLDS SCHOOL DISTRICT FIELD TRIP REQUEST

Trip Date					
Reason For Trip					
Extension of the Classroom	1	led @ 30% of the total IUST be attached to F		***	
Origination From (School Name	e)	Departure Date		Return Date	
Departure Time From Origination	ne At Destination	Departure	Time From Destir	nation	
Allowable Field Trip Hours: 8:30am-2:00pm. On Late Start/Early Release Days Hours Are: 8:30am-12:30pm					
Destination					
Destination Address					
# of Adult Males # of Adult Females # of Students Grade Level # of Wheelchairs					
# of Vehicles (Buses) Vehicle Capacity: 84 Elementary students (3 students per seat); 65 Middle School students (2.3 per seat); 56 High School students (2 per seat) - WE TRY TO KEEP MAXIMUM BUS CAPACITY TO 50-55 PEOPLE PER BUS					
Contact (Teacher's Name)		Contact Phone Numb	per(Teacher's Cell Ph	none #)	
Payment Information	Budget #				
Grant Name & Number					
Outside Source (Contact Person, Billing Address & Phone #					
Is the Outside Payment Source, Providing A Service As A Partnership To Us:					
Will you need school lunches? If yes , attach class list(s) of students with Field Trip request form and send to School Cafeteria Manager. Note any students who do not need a meal.					
Will student(s) require Medication transported or dispensed on trip? If yes, notify School Nurse for proper protocal.					
Please review the Reynolds Schoschedule your field trip.	ool District Policy <u>here</u> , to ma	ke sure, you will not no	eed Reynolds Sch	ool Board approv	al, BEFORE you
[I (the teacher) understands and have reviewed the bus rules with my students. ***Be sure to review attached web links***					
http://policy.osba.org/reyno	olds/e/eeacc%20g1.pdf ht	ttp://arcweb.sos.state.	or.us/pages/rules/	<u>/oars 500/oar 58</u>	31/581_053.html
Administrator's Approval					

Please use the following link to help you to calculate the cost of your trip: http://www.reynolds.k12.or.us/sites/default/files/fileattachments/field_trip_calculation_sheet.pdf