

NOBLE LOCAL SCHOOL DISTRICT

Field Trip Request Application

SCHOOL _____ Date Request Filed _____

Teacher _____ Class or Grade _____

Number of students making trip _____ Number of Supervisors _____

Date of Field Trip _____ Distance of Trip (round trip) _____

Destination _____

Time of Departure _____ Time of Return _____

Field Trip Route or Plan (please attach itinerary) _____

Requested by _____ Principal _____ / _____
(Teacher's Signature) (Sign if approved) Date

Estimated cost of Bus Driver \$ _____

Estimated Cost of Sub \$ _____

Estimated Cost of Fuel \$ _____

Estimated Total Cost \$ _____ (To be collected before trip is taken)
(Refund if overpayment is made)

CHARGE TO: _____

Administrative Office: () Approved () Disapproved

_____/_____
Transportation Director Date Superintendent of Schools Date

Bus Permit Issued _____