

**Romulus Community Schools**  
**Student Field Trips and Excursions**  
*(School-Related Student Trip Request Form)*

**Romulus Community Schools Board Policy 7490** - Field trips and excursions are encouraged when a reasonable educational objective can be established. All trips to foreign countries, out of state trips and overnight trips are to be approved in advance by the Board. The Superintendent shall provide the Board with a recommendation concerning any overnight or foreign trip. The recommendation shall take into account any foreign travel warnings or cautions of the U. S. Department of State. In addition, before making any recommendation, the Superintendent shall seek advice concerning overnight or foreign travel from the District's legal counsel and insurance carrier. The Superintendent shall develop rules and regulations regarding educational field trips and excursions.

In-State Field Trip: Submit this form at least 3 weeks prior to the trip.  
 Out-of-State Field Trip: Submit this form at least 4 weeks prior to the trip.

School \_\_\_\_\_ Faculty Member(s) \_\_\_\_\_

Phone number of the person in charge during the trip \_\_\_\_\_

Type of Trip: Class (i.e., junior, senior), athletic, band \_\_\_\_\_

**If overnight, give name, address and phone number of lodging:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Destination: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Date(s) of Trip \_\_\_\_\_ Bus to Arrive at School by: \_\_\_\_\_

Return to School by: \_\_\_\_\_

Educational Objective/How does this trip relate to SI goals: \_\_\_\_\_

\*\*\*\*\* Only listed destination is approved

\*\*\*\*\* Map Quest directions must be attached

\*\*\*\*\* All field trips must return to building by 1:30 p.m.

Special Instruction for Driver: \_\_\_\_\_

\_\_\_\_\_

**Source of Field Trip Funding:**

**Bill Trip Expenses to:** No student shall be denied the trip because of an inability to pay.)

Sponsoring Organization  School District  Board  Other

Provide Account # \_\_\_\_\_

Cost of Field Trip Admission \$ \_\_\_\_\_ Number of students \_\_\_\_\_ Total Cost of Field Trip \$ \_\_\_\_\_

**Mode of Transportation:** (Mileage is calculated from the bus yard to school to destination and back to bus yard)

District Transportation  Yes  No (if yes, you **MUST** return to your building by 1:30 p.m.)

Total Miles \_\_\_\_\_ X \$1.50 per mile = \_\_\_\_\_ X number of bus(es) \_\_\_\_\_ X days \_\_\_\_\_ = \$ \_\_\_\_\_

Total Trip Hours \_\_\_\_\_ X \$35.50/hr = \_\_\_\_\_ X number of bus driver(s) \_\_\_\_\_ X days \_\_\_\_\_ = \$ \_\_\_\_\_

District Funding  Sponsoring Organization Funding  Total Transportation cost: = \$ \_\_\_\_\_

Transportation Account # \_\_\_\_\_

Certified common carrier: specify \_\_\_\_\_

**Individuals Attending:**

Number of Students: \_\_\_\_\_ Number of Faculty Sponsors: \_\_\_\_\_

Number of District Approved Chaperones (10:1) \_\_\_\_\_ Total Number of Participants: \_\_\_\_\_

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Supervision: List the names of district approved chaperones accompanying students on this trip: (Chaperones' names must be provided below before approval is granted by principal.)


**Staff: I have completed the following documentation:**

Release Time Request       Reported Attendance in AESOP       Chaperones verified and listed

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Faculty Sponsor

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Building Principal

Account Number to be used for this trip: \_\_\_\_\_

Transportation Account Number: \_\_\_\_\_

**Scan a copy to transportation department, Stephanie Mitchell and Director of Grants and Curriculum, Karensa Smith**

**BELOW FOR ADMINISTRATIVE OFFICE USE ONLY**

The trip has been  Approved  Disapproved

If disapproved, reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Superintendent/Designee

For overnight trips and/or out-of-state trips, approval of the School Board is required. Send all information to the Superintendent's office.

**THIS SECTION TO BE COMPLETED BY THE TRANSPORTATION DEPARTMENT**

\_\_\_\_\_ Date Received      \_\_\_\_\_ Date Acknowledged      Vehicle Van       Bus       Coach

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_