

**Greenfield Intermediate School
Field Trip Request Form 2017-18**

Teacher Making Request & Responsible for Arrangements: _____

Class/Grade Level to Participate: _____

Date of Trip: _____ Time: _____

Location: _____

Required Transportation: **(Please complete & attach GCSC Field Trip Request Form)**

Means of Funding Trip: _____

Number of Students Participating in Trip: _____

Ticket price charged to student by GIS/Grade Level: \$ _____

Ticket price charged to chaperone by GIS/Grade Level: \$ _____

Total Cost of Tickets charged by GIS/Grade Level: \$ _____

Ticket price charged by event for student: \$ _____

Ticket price charged by event for chaperone: \$ _____

Total cost charged by event: \$ _____

Provision for Those Unable to Pay: \$ _____

Transportation Cost: (Cost Per Mile & Driver Breakdown Below) \$ _____

Bus Cost Per Mile \$1.61

Driver Cost Per Hour \$11.83

of Teachers _____ # of Parents _____ = Total # Chaperones _____ *Additional Personnel _____

*Please List Additional Personnel

***Please notify nurse of date of field trip**

