

**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**

