



**Blackhawk**

School District

FIELD TRIP REQUEST

Title of Field Trip: \_\_\_\_\_ Date of Field Trip: \_\_\_\_\_

Location of Field Trip: \_\_\_\_\_

Name of Class/Group: \_\_\_\_\_ Number of Students: \_\_\_\_\_

Name of Sponsoring Teacher \_\_\_\_\_

Name of other District Chaperones \_\_\_\_\_

Educational Value: \_\_\_\_\_

Transportation Cost: \$ \_\_\_\_\_

Substitute Cost (\$210 per day) \$ \_\_\_\_\_

Registration Cost \$ \_\_\_\_\_

Other District Expenses \$ \_\_\_\_\_ (Explain below)

TOTAL DISTRICT COST \$ \_\_\_\_\_

District Expenses Budgeted \_\_\_\_ Yes \_\_\_\_ No

Total Student Cost \$ \_\_\_\_\_

Other District Expenses \_\_\_\_\_

Sponsor Teacher Signature \_\_\_\_\_ Date submitted to Supervisor \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date submitted to District Office \_\_\_\_\_

Please submit at least 7 days prior to the Work Session

EQUAL OPPORTUNITY EMPLOYER