



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 (\$150 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