



OIL CITY AREA SCHOOL DISTRICT

Excellence in Education

825 Grandview Road Oil City, PA 16301 Phone:814-676-1867

FIELD TRIP REQUEST FORM

Note: Please complete both sides of this form.

Individual completing this form: _____ Date: _____

- **I acknowledge that a separate transportation request form MUST be completed for any field trip being requested, unless use of school vans is planned (on next page).** Initials _____

Club, Class, or Group requesting permission to take this field trip:

School: _____

Destination: _____

Number of Students: _____

Name of Advisor(s), Teacher(s), or Sponsor(s) who will accompany the students on the field trip:

Substitute(s) needed? Yes No How many? _____

Building Principal Signature (Required)

Superintendent Signature

Is this trip overnight?

Will you be traveling outside of Pennsylvania?

Date(s) of the proposed field trip: _____

Alternate dates: _____

Curriculum Information:

Topic Being Studied: _____

Objectives of Trip: _____

Educational Prep for Trip – List Activities: _____

Follow up plans/Activities (briefly explain): _____

What costs are associated with the field trip, and how will the field trip be funded?

School District cost: _____

Individual Student cost: _____

Organization/group cost: _____

What is the intended mode of transportation?

- School bus(es)
- Bus Company van(s)
- School vans (coordinated through Laura Barber)
- Other (please specify): _____

NOTE: Submit your requests well in advance of the proposed field trip. Requests for field trips are to be submitted three weeks prior to the trip. Trips needing board approval (out-of-state and/or overnight) must be submitted no later than the Monday prior to the work session meeting, which is held on the third Monday of each month. The dates for the field trip must be after the date of the regularly scheduled business meeting, which is held on the fourth Monday of the month.

Please assure that parental permission is obtained and prepare procedures for the field trip activities which ensure the safety and well-being of students.

TRANSPORTATION REQUEST



Requested By: _____

Grade(s), Class, Activity: _____

Destination (Be Specific): _____

Date of Trip: _____

Number of Buses: _____

Place of Departure: _____

Time of Departure: _____

Time of Arrival at Destination: _____

Time of Leaving Destination: _____

Time of Return to School: _____

- Paid by:
- District
 - Home & School Club
 - Other _____
 - Directions provided (Driver will make every attempt to follow directions provided).
If no directions are attached, it will be the driver's discretion on the way the bus travels.