



# 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.