

ZACHARY COMMUNITY SCHOOL BOARD

Field Trip Request Form

MUST BE SUBMITTED FOR APPROVAL AT LEAST 10 DAYS PRIOR TO TRIP
FIELD TRIPS WILL NOT BE SCHEDULED TO CONFLICT WITH REGULARLY SCHEDULED ROUTES

TRIP DATA:

SCHOOL: _____ **DATE OF REQUEST:** _____

ORGANIZATION / GROUP: _____

DESTINATION: (Include all stops food, lodging, etc. No deviation permitted without prior approval) _____

DEPARTURE	RETURN	
DATE: _____	DATE: _____	Estimated
TIME: _____ am/pm	TIME: _____ am/pm	Round-trip Mileage

PICK UP LOCATION: _____

TOTAL NUMBER OF: _____

SPONSOR(S): _____	# STUDENTS: _____
_____	# TEACHERS: _____
_____	# CHAPERONS: _____

PURPOSE and PLANS: _____

TYPE OF TRANSPORTATION AND NUMBER REQUIRED			
ZCCS FLEET	_____	Bus(es) Owned &/or Operated by individual school	_____
PERSONAL VEHICLE(S)	_____	PRIVATE CARRIER	_____
(For Personal vehicles Attach a copy of: Certificate of Insurance and Driver's License)			

FOOD SERVICE PROCEDURES: **Contact your Child Nutrition Manager at least 15 days prior to the trip, there are state regulations pertaining field trips that must be followed.**

The Above Trip Has Been Evaluated and is Classified As: (Please circle: <u>One</u> choice in each category below)			
TYPE	STATUS	FUNDING	
Educational Non-educational	Approved Disapproved	School Fund General Fund	Externally Fund (please comment)
Account Name & No. _____			
Comments: _____			

Approved by: _____
Principal
Main Office

TO BE COMPLETED BY TRANSPORTATION WHEN ZCSB BUS(ES) ARE BEING USED

TRIP #: _____

Amt. To Pay Driver: () \$ _____ per hour (\$ _____ per day max.) (Educational In Parish)	() \$ _____ per hour (\$ _____ per day max.) (Educational Out of Parish and Non Educational)
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**** Do not pay driver at school. Make check payable to _____ and submit to: _____

Verification Trip Was Made As Scheduled

Driver(s) Name: _____ SS#: _____

Departure: _____ Return: _____ Odometer Reading: _____ Total Mileage _____

Signature of School Sponsor Date

Authorized Designee from Transportation Date