MONOMOY REGIONAL SCHOOL DISTRICT FIELD TRIP REQUEST FORM

Coordinating Teacher:					Teacher Cellphone Number:			
Other Tead	cher(s):				Grade(s):			
School:	CES	HES	MRMS	MRHS	Date(s) of Trip:			
Time of De	eparture:			Ret	Return Time to School:			
			hool Nurse, Principal a			r weeks prior to US trip	os and International trips.*	
	rse Needed or	•	Yes	No				
		needed:						
IF Airport	Travel:		Please provide Air	dina nama fliaht	t # and arriv	val timo		
	ber students: ** **	WalkTotal *Please plan or CHAPERONES	ing-No Bus: Number of Tean	Schoo chers:) chaperone po D by MONOM	ol Van _Total Nu er group (IOY REGIO	mber of Chapero of 10 students** ONAL SCHOOLS*	ones**:	
	t For Day Trip		<u> </u>			overnight trips, p	lease attach a	
If using t	he bus company: H Please attach Goo	lourly rate \$39.73. In sight of the state of			<mark>nd itinerar</mark>			
miles x 2 (Round Trip) x .90 =				 Teacher			Date	
# of Bu	ses:							
Total Transportation Costs: \$				School Nu	ırse		Date	
Admiss Total C	sions Cost: ost:		\$ \$	Principal			Date	
Total C	ost per student	t:	\$	Superinte	 endent		Date	
Please	<u>email to F</u> aith R	Rushnak@ frushr	nak@monomoy.eo	<u>du</u> Al	PPROVED		NOT APPROVED	