

Field Trips

The Board of Directors recognizes that a properly planned, well-conducted and carefully supervised field trip with significant value may be an important part of the curriculum of many classrooms.

All field trips shall have the approval of the building principal in advance of the trip. Field trips outside the continental United States require approval of the Superintendent or designee.

Consent of each pupil's parent or guardian and approval of the superintendent or his/her designee is required in advance of any field trip involving the use of approved parent drivers or either public or district-approved private transportation services.

Field and/or Activity Trip Request Form Dubuque Community School District

**Request must be in the Associate Superintendent's Office at least 15 days prior to the date of the scheduled activity.
Forms must be completely filled in and only requests submitted on this form will be considered.
Schools are to retain Copy #4 for their record. Submit Copies #1, 2 and 3 for processing.**

Processing Steps:

NOTE: Transportation requests will not be made by telephone you MUST submit a written service request.

1. Copies 1, 2 and 3 - Submit to Associate Superintendent's Office for processing.
2. Copy 4 - Retain at school for school record.
3. After processing at Central Office, Copy 1 and 2 to Transportation Department for scheduling and approval.
4. After processing at Transportation Department, feedback Copy 2 returned to school.

To: Business Office

Date Submitted:

School:

Teacher or Staff Member:

I. District Transportation

- A. School Bus _____
- B. Van #126 _____
- C. Other _____

II. Rental Units

- A. Charter Service _____
- B. Rental Van _____
- C. Rental Agency _____
- D. Other _____

III. Trip Information

- A. Is this trip only for special education students: Yes _____ No _____
- B. Describe trip purpose: _____
- C. Date of trip: _____
- D. Destination: _____
- E. Pick up time: _____
- F. Pick up point: _____
- G. Departure time: _____
- H. Return time: _____
- I. Number of students to be transported: _____
- J. Number of wheelchair students to be transported: _____
- K. Number of supervisors or staff to be transported: _____
- L. Total number to be transported: _____
- M. Please note if equipment or supplies are to be taken on this trip: Yes _____ No _____
If yes, explain: _____

IV. School MUST Complete Payment Section

If being paid for from a school budget code,
Code: _____

If school/club obligation,
Invoice to: _____

CENTRAL OFFICE USE ONLY

- A. Expense
XXXX-0440 - Rentals
XXXX-0515 - Private Contractor
2721-0514 - District Bussing (Activity trips)
2722-0514 - District Bussing (Field trips)
_____-_____- Other
- B. Revenue

V. Approval Section:

- A. Principal Signature: _____ Date: _____
- B. Associate Superintendent: _____ Date: _____
- C. Transportation Department: _____ Date: _____