

WELLSBORO AREA SCHOOL DISTRICT  
Field Trip Transportation Request Form

OVERNIGHT

1. Teacher: Melanie Berndtson School: WAHS

2. No. of Students: 9 Adults: 1 Class or Organization: Grand Canyon FFA

3. Date of Trip: 2/23-2/24 2018 Destination: Delaware Valley Univ./Doylestown, PA Total Miles: \_\_\_\_\_

4. Estimated departure time: 3:30 PM From: WAHS

5. Estimated return time (arrival in the district): 7:00 PM

6. Meal Plans (if applicable): Students will bring money for some meals

7. Is school bus transportation required?  Yes  No How many? \_\_\_\_\_

8. Will a coach bus be required?  Yes  No How many? \_\_\_\_\_

9. Are private cars to be used?  Yes  No If yes, how many cars will be used? 1

Who are the drivers? Melanie Berndtson (School van if possible)

Are all of the cars to be used covered by at least \$50,000 - \$100,000 (preferably \$100,000 - \$300,000) of insurance, and do you have proof?  Yes  No

10. The district is requested to pay \$ 0 out of the total cost of \$ \_\_\_\_\_

Account Code Number \_\_\_\_\_

11. If the district is not expected to pay all of the costs, what other funds are going to be used?

FFA Account \_\_\_\_\_ Account Code, if appropriate: LS105

Notes: This is a weekend trip for a leadership and Career Development Event Conference

12.  For overnight field trips, a list of Students and Chaperones is attached.

13.  A brief itinerary/description of trip is attached.

14. Signature of Teacher: Melanie Berndtson Date Submitted: 9-5-17

15. Principal's Approval: Bob 2 K Date: 9/11/17

16. Superintendent's Approval: Dr. Brenda M. Freeman Date: 9/18/17

17. Received by Transportation Coord.: \_\_\_\_\_ Date: \_\_\_\_\_

18. Estimated Cost: \_\_\_\_\_ Bus Contractor: \_\_\_\_\_

- Distribution:
- Original - Superintendent/Transportation Coordinator
  - Copy 2 - Building Secretary
  - Copy 1 - Business Office (SS, FS, AA)
  - Copy 3 - Faculty Member

Attachment X-3A-2