

WELLSBORO AREA SCHOOL DISTRICT
Field Trip Transportation Request Form

OVERNIGHT

1. Teacher: Melanie Berndtson School: WAHS

2. No. of Students: 30 Adults: 3 Class or Organization: Grand Canyon FFA

3. Date of Trip: 2/10 - 2/11 2018 Destination: Harrisburg, Sheraton Hotel ALES Total Miles: _____

4. Estimated departure time: 7:30 AM Saturday From: WAHS

5. Estimated return time (arrival in the district): 3:00 PM Sunday

6. Meal Plans (if applicable): meals will be provided with registration - students bring money for lunch - down and back

7. Is school bus transportation required? Yes No How many? 1

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? _____

Who are the drivers? _____

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 Members and Chapter pay for reg and trans Account Code, if appropriate: FFA Activity Act. 68105

Notes: _____

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: Robert Z. Krey 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-34-4