WELLSBORO AREA SCHOOL DISTRICT Field Trip Transportation Request Form

Ownight

1.	Teacher: Dan Sensenig School: Wellsboro Area HS
2.	No. of Students: 6 Adults: 1 Class or Organization: HS Chorus
3.	Date of Trip: 1/24-27/18 Destination: PMEA District 8 Chorus - Milton HS Total Miles: approx. 168 miles
4.	Estimated departure time: 7:30am From: HS DECEIVE
5.	Estimated return time (arrival in the district): I'll need the van while I'm there for my DEC - 6 2017
6.	Meal Plans (if applicable): provided by festival - I will need to feed them on the way these
7.	Is school bus transportation required? O Yes No How many? School Van
8.	Will a coach bus be required? O Yes No How many?
9.	Are private cars to 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,
10.	and do you have proof? Yes No 74 miles * 2 (down+ back) = 148 miles + approx 20 miles +offen hotel = approx 168 mile X, 60 vm wst = The district is requested to pay \$ total approx \$ 100,80 out of the total cost of \$
	Account Code Number 10-1110-581-000-30-800-000 PV
11.	If the district is not expected to pay all of the costs, what other funds are going to be used?
	Account Code, if appropriate:
Notes:	
12.	For overnight field trips, a list of Students and Chaperones is attached.
13.	☑ A brief itinerary/desciption of trip is attached.
14.	Signature of Teacher: Date Submitted: 12/5/17
15.	Principal's Approval: Pl 1 2 P Date: 12/5/17
	Superintendent's Approval: Rendam Froeman Date: 12-18-17
17.	Received by Transportation Coord.: Date:
18.	Estimated Cost: Bus Contractor:
Distr	ibution: Original - Superintendent/Transportation Coordinator Copy 2 - Building Secretary Copy 1 - Business Office (SS, FS, AA) Copy 3 - Faculty Member