

**WELLSBORO AREA SCHOOL DISTRICT  
Field Trip Transportation Request Form**

1. Teacher: Sensenig, Daniel School: WAHS

2. No. of Students: 1 Adults: 1 Class or Organization: WAHS Chorus

3. Date of Trip: Nov 3-6, 22 Destination: NAFME National Chorus + Conference Total Miles: approx 600

4. Estimated departure time: 6am? From: WAHS

5. Estimated return time (arrival in the district): parents will bring student back

6. Meal Plans (if applicable): student lunch/dinner on "13, Director meals throughout

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? Daniel Sensenig → we'll use my vehicle

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?

10. The district is requested to pay  Yes  No \$ \_\_\_\_\_ out of the total cost of \$ approx \$2,470 plus mileage  
 Account Code Number 581 conferences

*student reg = \$875 my reg = \$255 hotel = approx \$800 meals approx \$300 sub pay = approx \$200*

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/description of trip is attached.

14. Signature of Teacher: [Signature] Date Submitted: 9/9/22

15. Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

16. Superintendent's Approval: [Signature] Date: 9/13/22

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