Rankin Field Trip Request

Teacher(s)___________________________________________________________________

Are subs needed? yes no If yes, for who________________________________________

Grade(s) / Class(es) ______________________ # of Students _____ # of Adults _____

Date of Trip: ______________________ Alternate Date: ______________________

Location of Trip: __________________________________________________________

Purpose of Trip including educational value: (Please attach or include Illinois Learning Standards CCS) _________________________________________________________

If approved, I will submit to Principal letter/permission slip to parents ☐ Yes ☐ Not needed

Meal plans if gone over lunch: _______________________________________________

Please describe plans for alternative experience and supervision for non–participating students:
_________________________________________________________________________

Transportation Information (attach bus estimate from April K/Stacy)

Depart Rankin: _____________ Depart Destination: _____________

Arrive at Destination: _____________ Return to Rankin: _____________

# of Buses Needed _____________

Estimated cost of trip:

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission</td>
<td>$________</td>
</tr>
<tr>
<td>Meal</td>
<td>$________</td>
</tr>
<tr>
<td>Transportation</td>
<td>$________</td>
</tr>
<tr>
<td>Other costs</td>
<td>$________</td>
</tr>
<tr>
<td>Total cost of trip</td>
<td>$________</td>
</tr>
</tbody>
</table>

Who is Paying for What?:

☐ PFK Request $__________

For (circle 1): admission meal transportation other

☐ Parent/Family $__________

For (circle 1): admission meal transportation other

☐ Rankin $__________

For (circle 1): admission meal transportation other

Submit to Principal

Principal’s Signature: __________________________ Date: ______________

Superintendent’s Signature: __________________________ Date: ______________

APPROVED REFERRED TO SCHOOL BOARD NOT APPROVED

Give to: April/Stacy for copies to Carole, Teacher, Kitchen, April M.

Office: Order Bus ordered date___________ Initials_______ Rebel Report Website