

RANKIN FIELD TRIP REQUEST

Please hand this form to the Office (GGaudet or RMyers)

Staff Attending: _____

Subs Needed: Yes/ No _____ If yes, for who? _____

Requested Date: _____ Alternate Date: _____

Grades/Classes: _____ # students: _____ # adults: _____

Location of Trip: _____

Purpose of Trip including educational value: _____

(Please attach or include Illinois Learning Standards CCS)

I will submit to Principal letter/permission slip to parents: Yes/ Not Needed

Meal plans if gone over lunch: _____

Plan for non-participating students: _____

Transportation Information (attached estimate)

Depart Rankin: _____ Arrive at Destination: _____

Depart Destination: _____

Arrive at 2nd Destination: _____ (** If 2nd Location)

Depart 2nd Destination: _____ Return to Rankin: _____

Estimated Cost of Trip:

Admission: \$ _____

Meal: \$ _____

Transportation: \$ _____

Other Costs: \$ _____

Total est Cost: \$ _____

Cost Distribution:

PFK Request: \$ _____

(Circle applicable:) Admission Meal Transportation Other

Parent/Family: \$ _____

(Circle applicable:) Admission Meal Transportation Other

Rankin: \$ _____

(Circle applicable:) Admission Meal Transportation Other

Signature of Principal

Date

Signature of Superintendent

Date

APPROVED

REFERRED TO SCHOOL BOARD

NOT APPROVED

___ Original: Office (Bus Ordered/Calendar/Rebel Report)

___ Copy to: Staff