

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: _____

Arrive at Destination: _____

Depart Destination: _____

Return to Rankin: _____

of Buses Needed _____

Estimated cost of trip:

Admission: \$ _____

Meal: \$ _____

Transportation: \$ _____

Other costs: \$ _____

Total cost of trip: \$ _____

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