

**Goshen Central School District
Proposed Field Trip: Request Form**

School: _____ Person completing this form: _____ Today's date: _____

Destination and reason for the trip: _____

Date of trip: _____ Teachers in charge: _____

Attendees: # of students _____ # of teachers _____ # of parents _____
of others _____ (please specify) _____

Number of substitute teachers that will be required: _____

Place of departure: _____ Time of departure: _____ Anticipated time of arrival at destination: _____

Anticipated time of beginning of return trip: _____ Anticipated time of arrival in Goshen: _____

Are there student medical issues that require a school nurse to attend the trip: _____

Costs:

Admission cost _____
Cost of buses _____
Tolls _____
Parking _____
Other costs (specify) _____
Total cost _____

Check one of the following:

- This request is for a school district bus.
 This request is for outside (contract) busing.

Funding source(s):

	Funding Source	Budget Code	Amount
For students			
For staff			
For other			
For transportation			

Other pertinent information: _____

**Transportation must be arranged through Karen Wells, Assistant Supervisor of Transportation:
karen.wells@gcsny.org (615-6700).**

Signature of principal date Signature of asst. supt. date Signature of superintendent date

This field trip is: approved denied