

KCS EDUCATIONAL FIELD TRIP REQUEST FORM

DIRECTIONS: Preferably at least 10 school days prior to each student Field Trip you wish to take, you are required to fill out ALL SECTIONS of this Request Form and submit it to your area's Chairperson or Director.

NAME _____ **Date of Request** ____ - ____ - ____

A. Day/Date of Trip _____, ____-____-____ Leave KCS at _____ am/pm...Back at KCS at _____ am/pm

B. Number of Students _____ Grade/Class/Activity of _____ Number of Adults _____

C. *Specific Destination _____

*Exact Address _____

*If not directly to/from Specific Destination, specify each other stop along the way:

Time _____ 1st Stop at _____ with Address of _____

Time _____ 2nd Stop at _____ with Address of _____

Time _____ 3rd Stop at _____ with Address of _____

Time _____ 4th Stop at _____ with Address of _____

D. Remember that LARGE OBJECTS CANNOT be transported in the passenger areas. Please list all large objects which this trip may require:

E. You must be approved as a bus driver by KCS to drive yourself Yes _____ No _____ Self to Drive This Trip

F. *Overall Purpose for this trip _____

*PLEASE LIST THE MAIN GOALS/OBJECTIVES FOR THIS TRIP ON THE BACK OF THIS FORM!!!

G. List Names of KCS Supervisors: 1. _____ 4. _____
(1 KCS Staff for 25 students) 2. _____ 5. _____
3. _____ 6. _____

H. List Name (s) of Other Chaperones 1. _____ 4. _____
(1 Adult for 10 Students) 2. _____ 5. _____
3. _____ 6. _____

I. * - Explain Expenses	Reason for Expense	To Be Paid By
\$ _____ per student	_____	_____
\$ _____ per student	_____	_____
\$ _____ per student	_____	_____
\$ _____ per student	_____	_____

* - IS KCS CAFETERIA TO SUPPLY MEAL FOR FIELD TRIP? _____ YES _____ NO

J. Date(s) and Locations(s) of Other Field Trips Approved for/or Already Taken this School Year:

1. ____ - ____ - ____ to _____ 4. ____ - ____ - ____ to _____

2. ____ - ____ - ____ to _____ 5. ____ - ____ - ____ to _____

3. ____ - ____ / ____ to _____ 6. ____ - ____ - ____ to _____

___ Approved Denied ___ on ____ - ____ - ____ by Chairperson/Director _____

___ Approved Denied ___ on ____ - ____ - ____ by Building Administrator _____

___ Approved Denied ___ on ____ - ____ - ____ by Superintendent _____

NOTES: