Wyomissing Area School District
Transportation/Field Trip Request

Date of Request: _____ ☐ Category 1 ☐ Category 2 ☐ Category 3

Destination: _____ Duration:_____ Date(s): _____

Departure Time/Return Time (day trips): _____ / _____

School: ☐ Wyomissing Hills Elementary Center   ☐ West Reading Elementary Center   ☐ Wyomissing Area Junior Senior High School

Teacher(s): _____ Substitute Required: ☐ Yes ☐ No   Grade: _____ Number of Students:_____

Is bus required to stay? ☐ Yes ☐ No   If nine or less individuals (including teachers/aides), is a van required? ☐ Yes ☐ No

Justification – Explain fully the reason for the trip and the relationship to the instruction theme, topic, or course/subject:

_____

_____

Chaperones – List by Name: _____

Transportation Provider: _____

Cost of Trip: **Cost**

1. Transportation Cost: $ _____   **Transportation:**_____

2. Meals – **A.** Cost per participant: $ _____ **B.** Number of participants: _____   Total of **A x B**: _____

3. Lodging – **C.** Cost per night: $ _____ **D.** Number of nights: _____**E.** Number of participants: ___   Total of **C x D x E**: _____

4. Fees/Costs – **F.** Cost per student: $ _____ **G.** Number of students: _____   Total of **F x G**: _____

5. Fees/Costs – **H.** Cost per adult: $_____ **I.** Number of adults: _____   Total of **H x I**: _____

Total cost – Add the totals from lines 1 through 5: $ _____

If there are additional fees associated with more than one event on this trip, please attach the cost of fees to this request.

Revenues: **Revenues**

1. District Budget – $ _____   Account Number: _____   **District Budget:** _____

2. Student/Parent Assessment – **A.** Assessment per participant: $ _____ **B.** Number of participants____   Total of **A x B**: _____

3. Funds Raised – $ _____   **Funds Raised:** _____

4. Student Activity Fund (Name): _____ Total Contributed: $_____   **Student Activity:** _____

5. Other Funds (Name): _____ Total Contributed: $ _____   **Other Funds:** _____

Total revenues – Add the totals from lines 1 through 5: $ _____

Total revenues must be equal or greater than the cost of trip.

Requesting Teachers: _____

Approval:

Principal (Category 1, 2, 3)_____   ☐ Yes ☐ No   Date: _____

Assistant Superintendent (1,2,3) _____   ☐ Yes ☐ No   Date: _____

Superintendent (2,3) _____   ☐ Yes ☐ No   Date: _____

Board Approval (2,3) _____   ☐ Yes ☐ No   Date: _____