Field Trip Plan Approval Form

Grade Level: _____ Date Submitted: _____

Proposed location(s): _____

Proposed date(s) of travel: _____

TEKS supported by travel: _____
_____
_____

Campus Plan: _____
_____
_____

Learning Opportunities: (What will students know, and/or be able to do, at the end of this trip.)
Objective(s):

Materials:

Activities:

Evaluation:

(Use a separate page if necessary.)

Item	Calculation	Total $	Campus	PTA	Student
# Buses	__ + __ = __ /__ *= ___ #student #adults Total/ * # buses				
Distances	__ + __ + __ = ___ # miles # miles # miles back Total				
Bus Costs	___ x ___ x $1.30= _____ total miles # buses Bus Cost				
Bus Driver Cost	___ x $15.00 =_____ # of Hrs. + one hr. total				
Admission					
Food					
	Estimated Totals:	$	$	$	$

* K-2 divide by 60 (57 children + 3 adults)
3 – 5 divide by 48 (45 children + 3 adults)

Prepared by : _____Approval must be received prior to notifying students.

____ Approved _____ _____ _____Copy to secretary
administrator's signature date _____ Copy to preparer/team leader