

(paper color: pale yellow)

F. C. A. ACTIVITY & FIELD TRIP REQUEST FORM

Submit all requests at least 4 weeks prior trip or activity date.

1. Date of the Trip or activity (day of week, month, day, year): _____
2. What is the trip or activity: _____
3. What grade(s) will be participating: _____
4. What is the estimated number of students attending: _____ Teachers: _____ Parents: _____
5. What is the dress code: _____
6. What are the lunch arrangements: _____
7. Name of Staff in charge of activity* _____

*All participating teachers must fill out an **Absence Form** if they are going to miss any of their regular classes or duties.

* Staff member in charge of activity must be present for the duration of the activity.

8. What is the Start time of the event: _____ End time: _____
 9. What is the purpose of this trip or activity: _____
 10. Is this activity a fundraiser: _____ No _____ Yes, for what: _____
 11. What is the admission fee* per student: _____ Teacher: _____ Parent: _____ Bus driver: _____
- *You must fill out a **Check Request Form** if you need a school check.
12. What content standard are you planning to meet: _____

Are you traveling by bus: _____ Yes* _____ No

* The **bus fee** is \$3 per student for Lancaster trips and \$5 outside of Lancaster.

Street address _____

City and zip _____

Destination name and contact # _____

Time of departure from FCA: _____ What door: _____

Time of return to FCA: _____ Is there a bus parking fee: _____

School Bus Travel Certificate

This trip conforms to school
bus transportation rules and
regulations of the Ohio
Department of Education.

13. Are you holding the event in the building: _____ No _____ Yes

If so, what rooms are needed: _____

Number of tables: _____ Number of chairs: _____

Media and technology needs must be arranged by the Staff member in charge of the activity.

Staff Name: _____ Cell: _____

Staff Signature: _____ Today's Date: _____

You will be notified after the following offices have approved or not approved your request.

1. Approved by Principal/Superintendent: _____ Date _____
2. Approved by Bus Scheduler: _____ Date: _____