

ACTIVITY & FIELD TRIP REQUEST FORM

ON CAMPUS EVENT

Name of the Event: _____ Date of Trip or Activity: _____

Start time of the event: _____ End time: _____

What rooms are needed: _____

Number of rectangle tables: _____ Number of round tables: _____ Number of chairs: _____

Grade(s) that will be participating: _____

Estimated number of students attending: _____ Teachers: _____ Parents: _____

Dress Code: _____

Name of Staff in charge of activity* _____

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

Purpose of this activity: _____

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

OFF CAMPUS TRIP

Name of the Event: _____ Date of Trip or Activity: _____

Where is Event Being Held: _____

Street Address: _____ City & Zip: _____

Are you Traveling by Bus: Yes No (The **bus fee** is \$3 per student for Lancaster trips and \$5 outside of Lancaster)

Time of Departure from FCA: _____ What Door: _____ Time of Return to FCA: _____

What are the lunch arrangements: _____

Name of Staff in charge of activity* _____

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

Grade(s) that will be participating: _____

Estimated number of students attending: _____ Teachers: _____ Parents: _____

Admission fee* per student: _____ Teacher: _____ Parent: _____ Bus Driver: _____

* You must fill out a **Check Request Form** if you need a school check.

Dress code: _____

Purpose of this Trip: _____

Staff Name: _____ Cell: _____ Today's Date: _____

Approved by Principal: _____ Date: _____

Approved by Superintendent: _____ Date: _____

Approved by Bus Scheduler: _____ Date: _____

School Bus Travel Certificate

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