

Ripon Area School District

Ripon, Wisconsin

Field Trip Permit Form

Trip Data (To be completed by field trip planner(s))

Teacher(s) _____ Grade(s)/Class(es) _____

School(s) _____ Date(s) of trip _____ to _____

Departure

Return

Itinerary of trip (attach sheet as necessary; include key stop/stay date):

Purpose of trip (include curriculum guide learner outcome or competency references):

No. of Students _____ No. of Teachers _____ No. of Chaperones _____ GROUP TOTAL _____

Departure time _____ Return time _____ Total hours _____ No. of Buses _____

Start (pick up) point _____ Return (drop off) point _____

FIELD TRIP COSTS (NO student participation fee can be required without prior board of education approval)

Non-transportation costs (Planner completes for all field trips)

A. Total school-paid miscellaneous costs (admission, tickets, supplies, etc)

A. \$ _____

B. Per pupil student-paid miscellaneous costs

B. \$ _____

C. Total costs required to be paid by each student for this field trip

C. \$ _____

D. Lunch plans (check all that apply)

Students will bring a sack lunch from home _____

Ripon food service staff will prepare box lunches _____

Lunch will be purchased at site of field trip _____

Not applicable _____

Transportation costs (To be completed by principal or designee)

1. Base minimum price: (\$65.30/bus or \$1.12/mile-whichever is greater)/(Minimum charge of \$51.41)

(\$65.30 X _____ or \$1.12 X _____)

1. \$ _____

2. Driver time charges: (\$13.89 per hour) \$13.89 X _____

2. \$ _____

3. Total transportation charge: (lines 1 + 2)

3. \$ _____

4. Per pupil transportation cost (divide line 3 by number of student participants)

4. \$ _____

5. Transportation paid by RASD account:

FD _____ LOC _____ OBJ _____ FUNCTION _____ PROJ _____

Transportation paid by other organization name and address:

NOTE: ALL PARTICIPANT FIELD TRIP COST MONIES TO BE PAID TO THE PRINCIPAL OR DESIGNEE PRIOR TO THE TRIP.

Staff member(s) designated in charge of overall trip _____

Staff member(s) responsible for administering medication to students _____

Is a formal evaluation completed(see reverse side)? YES NO

APPROVED _____ DATE _____

Principal

Forms Distribution:

Trip Planner

School file/Secretary

District Business Office

Nurse

Bus Company

Food Service Manager

Other(specify) _____

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Formal Evaluation of Field Trip/Excursion

Unless waived by the building principal due to the repetitive and comparatively routine nature of the field trip, group activity organizers are to complete this form section within seven calendar days of the activity and provide one for the school file and one for the superintendent of schools.

1. General comments as to trip's satisfaction of objectives _____

2. Concerns about the trip experience that might be addressed by school officials to assure improvement in future such experiences _____

3. Description of follow-up activities used to accomplish educational closure with student participants _____
