## SANDWICH PUBLIC SCHOOLS FIELD TRIP REQUEST FORM

Note: This request must be submitted at least one (1) month l	n advance of the date requested for the trip.
Teacher(s):	Grade(s):
School:	Date of Trip:

Destination: (Note: All Out-of-State Field Trips Require School Committee Approval at least 30 Days Prior to Trip.)

BY SANDWICH PUBLIC SCHOOLS\*\*\*

Method of Payment: (must be Indicated prior to approval): School Budget Student Fee Other

Use for Computing Cost Per Student:	Signatures Required Prior to Submission to Superintendent:	
How many buses are needed: (48 students per bus)	 Teacher Date	
Hourly rate \$70.56		
Mileage:\$4.66 per mile		
Per Bus Total:	School Nurse Date School Nurse Required? Yes	No
Divided by Number of Students		INO
Minimum Trip Rate: \$198.40		
	Principal	Date

Superintendent's Signat	ture:	Date:	
ApprovedNot A	Approved		
Bus Company Approval	:		
	(signed)	(date)	
NOTE: Bus Company-	please return faxed copy after	er approved, signed and dated. Thank	you
Revised 10/4/2023			