

FIELD TRIP REQUEST FORM

Mohawk Trail Regional -- Hawlemont Regional – Rowe School Districts

Date of Request _____
(at least 15 days in advance of trip)

Date(s) of Trip: _____

Class/Group: _____

Destination: _____

Check one:
MTRHS _____
BSE _____
Colrain _____
Hawlemont _____
Heath _____
Rowe _____
Sanderson _____

Person responsible for trip/payment: _____ Out of State Approval: Yes ___ No ___

Depart from: _____ at: _____ Arrive at Destination at: _____

Depart to Home at: _____ Arrive at Home at: _____

Number of students: _____ Number of Buses requested: _____

Teacher in charge signature: _____

Building Principal signature: _____

To be completed by Transportation Coordinator

Using District Bus— Total Cost \$ _____

Round Trip mileage _____ x \$1 per mile = _____

Driver _____ x # of hours _____ x hourly rate _____ = _____

Contracting out— Total Cost \$ _____

Contractor _____

Trip Cost: _____ Mileage: _____ Layover time: _____

Approved _____ Not Approved _____

Transportation Coordinator Signature: _____