

**North Central Parke Community School
Corporation ECA Field Trip Transportation Request**

Person Submitting Request: _____ Date: _____

Date of Trip _____

Grade Level _____ Organization: _____

Destination: _____ Leave time: _____ Return time: _____

Educational Goals: The following standards or school improvement goals will be addressed. _____

Total Number of Participants: _____ Name of Chaperone(s) _____

Note: A minimum of two adult chaperones is recommended. Additional chaperones may be required based on the number of students, the age of the students, and the activity.

Name of Teachers: _____

Over Night/Out of State Field Trip: Yes No *Note: If yes, it will have to have NCP School Board approval.*

COSTS:

BUS TYPE:

Number of students: _____

Corporation bus: _____ (66 passengers)

Cost per student: _____ fees, meals, misc

Mini bus: _____ (15 passengers max)

Cost per driver: _____

Other-specify _____

Total cost of trip: _____

Name of Bus Drivers: _____

Substitute Teacher Needed: Yes No Bus Driver Phone Number _____

PAYMENT:

Student contribution: \$ _____

ECA contribution: \$ _____ Name of ECA Fund: _____

Corporation contribution: \$ _____ Account: _____

Teacher/Sponsor signature: _____

Building Principal signature: _____ Approved: _____ Deny: _____

Comments/Recommendations: _____

Superintendent signature: _____ Approved: _____ Deny: _____

Comments/Recommendations: _____

Supt. Office Use: Copy to Transportation _____ Copy to Principal: _____ Copy to Teacher/Sponsor _____

North Central Parke Community School Corporation

ECA Field Trip Transportation Mileage and Time Report

School Submitting Form: _____

Date of Trip: _____ Teacher/Sponsor: _____

Event: _____

Number of Students: _____ Bus Driver's Name: _____

Number of Faculty and/or Chaperones: _____

Destination: _____

Driver Start Time: _____ Driver End Time: _____

Total Hours: _____

2 Hour Minimum: \$40.00

Additional Hours _____ @ \$20.00 = _____

Total to pay _____

Account to Bill: _____

Bus_Driver's Signature _____ Date _____

Transp.Dir_Signature _____ Date _____

FOR PAYMENT:

Please return this COMPLETED form to Debbie Hicks with all 2 signatures and a copy of the approved ECA_Field Trip Transportation Request Form attached.