



Woodville Union School District
ASB FIELD TRIP REQUEST FROM
(Due by ____/____/____)

Event: _____ Request Date: _____
Event Address: _____ Date(s): _____
Leaving Time: _____ Returning Time: _____
Grade Span/Level: _____ Number of Classes Attending: _____
Number of Students: _____ Number of Adults Attending: _____
Requesting Teacher: _____ (Ed. Code: 10 students – 1 per adult)

Academic Justification (REQUIRED)

Transportation:

District Bus/District Vehicle: _____ Charter Bus Rate: _____ X # of Days: _____
(Transportation Form) (Name and Approval Of Charter Company)

Vehicle Mileage: _____ miles X \$0.58 (per mile) X # of Vehicles _____
Fuel Card: _____ miles X \$0.200 (per mile) X # of Cards _____

TRANSPORTATION COST: \$ _____

Lodging: Rate: _____ X # of Nights: _____ # of Rooms: _____

LODGING COST: \$ _____

Lunches:

Eating at School: _____ Sack Lunches Needed: _____

****Any food allergy(s) to be aware of:**

Approval by Principal

Date Approved and Placed On Master Calendar

Approved by Superintendent

Date Submitted to District Office