MOUNT PLEASANT COTTAGE SCHOOL UFSD TRIP REQUEST FORM

7410F 1 of 3

(Must be submitted at least 2 weeks in advance of trip.)

To be completed by re	equesting teache	r:					
Teacher:			Date submitted:				
Date of Trip: Time Le			eaving:	ving: Time Returning:			
Destination:							
Purpose:							
Contact Phone Number							
Staff Going: Teachers:							
Money Required: Staff \$			Students: \$(Agency pays)				
							Number of Lunches Re
Student Name	Cottage	Social Worker	Administrativ	e Supervisor	Requires Meds	Permission Slip Returned	

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1.	Principal Approval: (signature)	Date:
2.	Transportation: Date tentatively approved	d by Bus Dispatcher.
	Signature of School Secretary:	Date:
3.	Verbal Agency Approval: (Asst. Director	·)
	For student expenditures:	Date:
4. \$	Staff expenditures require Requisition to b	pe filled out and submitted to Business Office:
5. 7	Transportation final arrangements by Bus	Dispatcher:
S	Signature:	Date:
	Driver:	Bus #:
	Mileage: Start: Finish: _	Total:
L	Medication arrangements: Names of stude infirmary. Follow up to make sure list is roicking up Meds and distribution of Meds	ents going on trip should be faxed (see special fax form) to returned as soon as possible prior to trip. Nurse is responsible for on the day of trip.
	Infirmary notified by fax on: I	Date:
	Nurse notified of trip: Date: _	
7. S		utes Trip Request Forms and all related forms to all concerned.
	Date:	
Pc:	Principal Bus Dispatcher Requesting Teacher(s) Nurse Students' Counselors Attendance Office	Agency Director (attach money request, if needed) Administrative Supervisor Social Workers Kitchen (attach form re: lunches, if needed) Cottages

Rev. 10/4/12

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ADDITIONAL STUDENT LISTING

Student Name	Cottage	Social Worker	Community Leader	Requires Meds	Permission Slip Returned
				IVICUS	Shp Returned
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