Note: This request approved by Principal must be submitted to the Superintendent at least one (1) month in advance of the date requested for the trip.

Coordinating Teacher: ______________________________     PO # _____________

Teacher(s): ________________________________________     Grade(s): __________

School: ☐ CES ☐ HES ☐ MS ☐ HS     Date of Trip: __________________________

Destination: (Note: All Out-of-State Field Trips Require School Committee Approval at least 30 Days Prior to Trip. All International Trips Require School Committee Approval at least 6 Months Prior to Trip.) BUS COMPANY NEEDS AT LEAST 2 WEEKS NOTICE

ALL STOPS/TIMES: ______________________________________________________________

Purpose of Trip – Include Direct Connection to Curriculum Standards:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Time of Departure: ________________     Return Time to School: ________________

☐ Motor Coach # ____ ☐ School Bus # _______ ☐ Handicap Accessible Bus ___ ☐ Walking – No Bus

School bus 45 – 2/per seat (MS/HS)
71 - 3/per seat
Coach bus 54 seats

Number of Students: ________________
Number of Teachers: ________________
Number of Chaperones**: ________________

** Plan on at least one (1) chaperone per group of 10 students.
CHAPERONES MUST BE CORIED BY MONOMOY REGIONAL SCHOOLS****

School Nurse Needed on Trip: ☐ Yes ☐ No     Other accommodations needed ________________________

Method of Payment (must be indicated prior to approval): ☐ School Budget ☐ Student Fee ☐ Grant

Hourly rate $32.26     Mileage Rate $.75 per mile  Please attached Google Map directions

________ hrs x $32.26 = __________
________ miles x 2 (round trip) x .75 = _______

# of Buses __________

Total Transportation Costs: $ _______
($ per bus X # of buses

Admission Cost $ _______

Total Cost per student: $ _______

Date: _______________________

Please email to:
Toni London alondon@monomy.edu
Linda Raneo l.raneo@capecodcollaborative.org
Andrew Hunt a.hunt@capecodcollaborative.org

Signatures Required Prior to Submission to Superintendent:

Teacher ___________ Date _______

School Nurse ___________ Date _______

Principal ___________ Date _______

TOTAL COST OF TRIP $ ___________

Trans Cost + Admission = Total cost/ # of students

Superintendent’s Signature: ___________________________ Date: _________ ☐ Approved ☐ Not Approved

2/2/20