

**352 Exhibit 1
School District of Lodi**

Non-Extended **Extended Field Trip Request**

Trip to: Address: Phone:	From (Bldg. Location):
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Teacher:	Class/Grade Level/Group:
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Date of Trip: S-M-T-W-Th-F-S	Leave Time:	Est. Return Time:	Rain Date:
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Estimated Miles (round trip):	# of Buses needed:	Pick up students at: (specific entrance)	Overnight trip? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Board approval given on ____/____/____
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Number of Participants: _____ students + _____ adults = _____ Total Participants

Please explain how proposed trip will relate to current curriculum. Identify specific objectives to be pursued, unit of study to be supplemented and explain pre- and post-activities (attach separate sheet if necessary):

Copy of tentative schedule attached? <input type="checkbox"/> yes <input type="checkbox"/> no	Parental/Guardian consent forms attached? <input type="checkbox"/> yes <input type="checkbox"/> no
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List any health concerns or special needs and how they will be handled:

Nearest Hospital/Care Center:	Phone #
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Per Student Trip Cost:	Expense of (check):			List All Chaperones:
	_Student	_District	_PAA	
Student Transportation Fee: <input type="checkbox"/> \$2.50 < 100 miles <input type="checkbox"/> \$4.50 > 100 miles	\$			
Admission:	\$			
Meals:	\$			
Other _____	\$			
TOTAL COST PER STUDENT:	\$	(D.O. Use-->Breakdown)		
X Number of Students				
TOTAL DEPOSIT:	\$			

Administrator Approval for Trip: _____ Date: ____/____/____

NOTE: Upon completion and administrative approval please fax this form to First Student Bus. Make any additional copies as this form will not be returned to you. To verify bus service call First Student Bus Company at 592-2270.

Bus Driver's Report (to be returned to the District Office with bill):

I certify that this trip was made as authorized and reported herewith:	Ending Mileage: Starting Mileage: TOTAL MILEAGE:	_____	Time Returned: Time Starting: TOTAL TIME:	_____
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Comments relative to pupil conduct, etc.:

Bus Driver Signature: _____ Date: ____/____/____	Chaperone Signature: _____ Date: ____/____/____
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