

For Transportation Use Only:

WILLIAMSON CENTRAL SCHOOL DISTRICT  
Field Trip Permission Form - - School Year 2009 - 2010

Field Trip Coordinator: \_\_\_\_\_ Grade / Group: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_ Total # Students: \_\_\_\_\_ Total # Adults: \_\_\_\_\_

# of Wheel Chair Student(s): \_\_\_\_\_ Name of student(s): \_\_\_\_\_

Destination: \_\_\_\_\_

Objective of Field Trip: \_\_\_\_\_

Evaluation / Follow-up Learning Activities Planned: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Time Leaving Williamson: \_\_\_\_\_ AM / PM (circle one)

→ Leaving From: (circle one) High School / Middle School / Elementary School

Time Arriving at Destination: \_\_\_\_\_ AM / PM (circle one)

Time Leaving Destination: \_\_\_\_\_ AM / PM (circle one)

Time Arriving to Williamson: \_\_\_\_\_ AM / PM (circle one)

→ Arriving At: (circle one) High School / Middle School / Elementary School

Name(s) of Chaperones and other Supervisor(s) Attending: \_\_\_\_\_

--ESTIMATED COST--

MILEAGE (\$1.75 per mile)	_____	x	\$1.75	_____	(Miles)
DRIVER (\$13.25 per hour)	_____	x	\$13.25	_____	(Hours)
TOLLS	_____				
OTHER EXPENSES	_____				
TOTAL COST OF FIELD TRIP					_____

Field Trip Approved By:

\_\_\_\_\_  
Building Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Transportation Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

Date Confirmation Sent to Field Trip Coordinator: \_\_\_\_\_

**All Transportation Requests Must be Made 10 Days in Advance**