## CONNEAUT SCHOOL DISTRICT Request for Educational Field trip or Activity trip

Name:	Date:
Position:	Building:
Dates of Request Leave	
Number of Working Days Leave Requested	
Is this an Educational Field trip	or Student Activity trip
Description of Field trip or Activity trip	
Dates of Activity	to
Location	
Names of *Staff Attending:	
	ield Trip Policy 121 and Extracurricular Activity Trip
Grades of Students Attending	
Number of Students Attending	
Will this trip paid by the District Yes or No	or by PTO Yes or No
	ubs and student activity organizations the only
	of necessary substitute teachers.
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Estimated Costs IF PAID BY THE DISTRICT Substitute Teacher Cost- # of Days X Cos	st per Day = \$
Registration Fees- # of registrants X regi	
Transportation Costs- Airfare	
Car/bus(es) # of Miles X N	_
Tolls	
Parking  Hotel Costs- # of Days X Cost per day	
Meals- # of Days X cost per day Meals- # of Days X reimbursement allows	
Treats in or Days Ix remnoursement anow	
TOTAL ES	STIMATE \$
<u> </u>	perintendent Date of Board Action
Approved	<del></del>