



**Wayland Public Schools
 Student Activity Accounts
 Field Trip Request Form for Elementary Level
 Form H (1)
 (Revised October 5, 2015)**

Please check date availability on the shared Google calendar

Today's Date _____

Teacher's Name and Grade _____

Date of Trip _____ *see below

Destination _____

Destination Address _____

Cell Phone Number of Teacher Responsible for Trip _____

Bus leaves School at _____ Bus returns to School at _____

Calculate the Cost per Student

Total Students _____ X Admission Fee \$ _____ = \$ _____

Total Admission \$ _____ + Bus Cost \$ _____ = \$ _____

Grand Total \$ _____ less other Sources of Revenue \$ _____ (Please Describe)
 divided by, number of students _____

= Cost per Student \$ _____ (round up to nearest \$)

Trip Budget/Fee Calculation and Trip Financial Wrap Up

Expense Budget		Estimated	Actual	Collected
1.	Cost of Transportation			
2.	Cost of Admission			
3.	Other Cost			
4.	Other Cost			
5.	Total Expenses			

Please communicate the Field Trip to the School Nurse, Cafeteria Manager, Specialists, Special Education Liaisons, Speech, OT/PT/APE, and Instrumental Music Teachers.