



**Wayland Public Schools  
 Student Activity Accounts  
 Field Trip Request Form for Secondary Level  
 Form (H2)  
 (Revised October 5, 2015)**

This form must be completed and signed by the Principal, prior to each field trip. Overnight trips require the initial approval of the School Committee. This form must be filled out completely at time of submission.

**SCHOOL:**

**School Club / Class:** \_\_\_\_\_

**TRIP INFORMATION:**

Trip Destination:	
Trip Contact Name & Phone:	
Travel Agent Name & Phone:	
Departing (Date and Time):	
Returning (Date and Time):	
Number of Students Attending:	
Mode of Travel:	
Purpose of Trip / Connection for WPS Curriculum:	
Additional Information for Overnight Trips:	Attach travel itinerary, travel budget and list of students. Itinerary should describe travel, transportation, accommodations, and other pertinent information.

**TRIP LEADERS & CHAPERONES:** *(List all participants by name. Add additional sheets, as necessary. Label N for Non- WPS Personnel, P for parent and E for WPS Employee)*

	Name	P for Parent / E for WPS Employee
Trip Leader Name:		
Trip Co-Leader Name:		
Chaperone Name:		
Chaperone Name:		
Chaperone Name:		
Chaperone Name:		
Chaperone Name:		
Chaperone Name:		

**TRIP BUDGET / FEE CALCULATION and FINANCIAL WRAP UP:**

Expense Budget: <i>(Include cost of all students and chaperones. Attach travel budget if available.)</i>		\$ Estimated	\$ Actual
1	Cost of Travel:		
2	Cost of Admission:		
3	Other Cost:		
4	Other Cost:		
5	<b>Total Expenses:</b>		

<b>Funding Sources:</b>		
6	Anticipated Donations : <i>(Describe below)</i>	
7	Anticipated Revenue from Fundraising : <i>(Describe below)</i>	
8	Anticipated Funds from Other Sources: <i>(Describe below)</i>	
9	Subtotal Other Funding <i>(Excluding Student Fees):</i>	
10	Additional Funding Required from Student Fees: <i>(Row 5 minus Row 9)</i>	
11	<b>Grand Total Funding Sources:(Must Equal Line 5)</b>	
<b>Calculating Per Student Fee:</b>		
12	Total # of Students Traveling:	
13	Anticipated # Student Scholarships:	
14	Net # Student Fees to Collect: <i>(Row 12 Minus Row 14)</i>	
15	<b>Per Student Fee Amount: (Collect this fee from students) (Row 10 Divided by Row 14)</b>	
Description of Outside Funding Sources ( including In-Kind Contributions):		
Fundraising Plan (if applicable) *		

**Signatures:**

**Club Advisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department Head:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Principal:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Nurse:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date of School Committee Approval:** \_\_\_\_\_