



MID VALLEY SCHOOL DISTRICT

Administrative Office, 52 Underwood Road, Throop, PA 18512
 Phone: (570) 307-1108 Fax: (570) 307-1107
www.mvsd.us

[Mr. Patrick Sheehan – Superintendent](#)
 Albert B. Melone Co. – Business Manager Consultant
 Eduardo Antonetti – Curriculum Director

FIELD TRIP REQUEST FORM

Name of Staff Member Making the Request: _____

Organization Making the Request: _____

Number of Students Involved in this Activity: _____ Cost Per Student: \$ _____

Signature of Staff Member making this request: _____

Location/Purpose/Objective of Field Trip (Be Specific): _____

Date of Trip: _____

Time of Departure from School: _____ Time of Arrival at Destination: _____

Time of Departure from Destination: _____ Time of Arrival at School: _____

Who Is Responsible for cost?	Amount		Will Travel By:	# of each
<input type="radio"/> Student	\$ _____		<input type="radio"/> School Van(s)	_____
<input type="radio"/> Student Activities	\$ _____		<input type="radio"/> School Bus(es)	_____
<input type="radio"/> School Budget	\$ _____		<input type="radio"/> Personal Car(s)	_____

Please complete ALL sections of this form. Any incomplete forms will be returned to your Principal. Once form is completed and signed by Principal, please forward to the Transportation Department Attn: Mr. Tom Nowakowski.
 Please be sure to confirm your transportation reservations the day prior to your trip.

Principal's Signature: _____ Date: _____

Transportation Manager's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

Board Meeting Approval Date: _____