

# Rensselaer Central Schools Corporation

## Educationally Related Activity Request Form

Request Section (Form must be submitted early enough for Superintendent determination or board action)

Date Submitted: \_\_\_\_\_ Date of Proposed Trip: : \_\_\_\_\_

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

Class / group involved: \_\_\_\_\_ Number participating in trip: \_\_\_\_\_

Estimated Miles (1 Way): \_\_\_\_\_ Number of Buses Needed: \_\_\_\_\_

Departure Time : \_\_\_\_\_ Return Time: \_\_\_\_\_

Are District funds being requested? : \_\_\_\_\_ If yes, amount requested: \_\_\_\_\_

Source of funds to pay for the trip: \_\_\_\_\_

Chaperones Attending (names): \_\_\_\_\_

Identify the State Standards and Indicators addressed by the trip:

Description of how Standards and Indicators will be met:

Planned follow-up activities:

Signature of Person Making Request : \_\_\_\_\_ Phone: \_\_\_\_\_

### Approval Section

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: : \_\_\_\_\_ Date: \_\_\_\_\_

### Driver Assignment and Notification Section

Bus Driver(s) Assigned: \_\_\_\_\_

### Driver Payroll Section

After the trip fill out the spaces below and return the authorization form to the Superintendent's Office.

Departure Time: \_\_\_\_\_ Round Trip Miles: \_\_\_\_\_

Return Time: \_\_\_\_\_ Number of Hours Driven: \_\_\_\_\_

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_