

PDSC Field Trip Form

Scheduled Date: ____/____/____ ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Time Slot: ☐ 10:00am-12:00pm ☐ 12:30-2:30pm

Contact Information:

School/Organization Name: _____

Teacher/Primary Contact Name: _____

Primary Contact Email: _____

Primary Contact Phone: _____ - _____ - _____ Other: _____

Mailing Address: _____

Program Information:

Total # of Students: _____ Grade Level(s): _____

If bringing multiple grade level groups, please list details in the spaces provided to the right.



Grade(s): _____ # of Students: _____

Grade(s): _____ # of Students: _____

Grade(s): _____ # of Students: _____

Special Accommodations: _____

of Teachers: _____ # of Chaperones (excluding teachers)*: _____ # of Extra Adults: _____

**Number of total chaperones to students, a 1:5 ratio, includes teachers. Additional adults will cost extra.*

Lesson Information:

☐ Field Trip **with** Lesson ☐ Field Trip **without** Lesson

Field Trip Lesson Choice*: _____

Field Trip Lesson Grade Level*: _____

*See Field Trip Organizer for options

Special Requests:

PDSC Staff Use Only

Discount Information:

☐ Fund a Bus Recipient ☐ Grant/Scholarship Recipient (Title: _____)

Amount Awarded: _____ Amount of Award Applied: _____

Total Cost Due (After Applied Funding): \$ _____

Payment Information, On Time:

☐ Field Trip **with** Lesson (\$5.75/student) ☐ Field Trip **without** Lesson (\$5.25/student)

of Students: _____ # of Additional Adults (\$5.00/adult): _____

Additional Fees: _____ Reason: _____

Total Cost: \$ _____

Payment Due Date: ____/____/____

Bill Sent Date: ____/____/____

Payment Received Date: ____/____/____

Payment Method:

☐ Check (# _____) ☐ Card
☐ Purchase Order (# _____) ☐ Cash

Payment Information, Late:

☐ Field Trip **with** Lesson (\$6.50/student) ☐ Field Trip **without** Lesson (\$6.00/student)

of Students: _____ # of Additional Adults (\$7.50/adult): _____

Additional Fees: _____ Reason: _____

Total Cost: \$ _____

Payment Due Date: ____/____/____

Bill Sent Date: ____/____/____

Payment Received Date: ____/____/____

Payment Method:

☐ Check (# _____) ☐ Card
☐ Purchase Order (# _____) ☐ Cash

PDSC Educator(s) Assigned: _____

Staff Name: _____ Date: ____/____/____

Confirmation Date: ____/____/____

Confirmation Received Via: ☐ Phone ☐ In-Person ☐ Email ☐ Mail

Notes: _____

