

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: _____

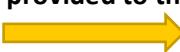
Primary Contact Phone: _____ - _____ - _____ Other: _____

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: _____
