

**WELLINGTON EXEMPTED VILLAGE SCHOOL DISTRICT  
OFF CAMPUS EDUCATIONAL EXPERIENCE**

Please print or type

Name of Organization: \_\_\_\_\_

Destination – Location Name and Full Address

\_\_\_\_\_ Number of Students: \_\_\_\_\_

\_\_\_\_\_ Number of Adults: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Time of Departure: \_\_\_\_\_ Time of Return: \_\_\_\_\_

Describe the method of transportation.

School Bus Private Firm (please list name: \_\_\_\_\_

Walking and address) \_\_\_\_\_

Itemize the cost:

1. Transportation # \_\_\_\_\_ of drivers x \_\_\_\_\_ total hours x \$24.00= \_\_\_\_\_

(1 bus per 60 people) # \_\_\_\_\_ of miles x \$1.50= \_\_\_\_\_

2. Fees and Admissions = \_\_\_\_\_

TOTAL COST \_\_\_\_\_

Are there funds on hand? Yes No (If funds are not on hand, give complete details on how funds will be raised):

List Chaperones:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain how this experience relates to the grade-level curriculum and the CIP:

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

Principal: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Signature: \_\_\_\_\_

Supt. Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Signature: \_\_\_\_\_

Bd. of Ed. Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Signature: \_\_\_\_\_

President (If beyond 125 miles)