



CALENDAR REQUEST - FIELD TRIP

Spartanburg Christian Academy

Instructions: Complete **ALL** information and route to Principal for approval process at least 3 weeks before events or before lunch menus are sent home for the month when lunch is involved. Keep a copy of request and maps sent. A confirmation will be returned by email when approved. If Sub needed to cover classes, please submit request to Principal using Employee Time-Off Form.

Today's Date: _____

Date of Trip (Weekday & Date): _____ Time of Departure: _____ Return: _____

Grade/Class: _____ Contact Person: _____

Destination-include all locations: _____

Academic Objectives: _____

Bus Information

Buses 1 and 4 each hold 46 passengers. Bus 2 (older bus) holds up to 57 (3 per seat) for Grades 3K-4th. Bus 2 is only used for short trips within Spartanburg. Bus 3 (mini-bus) holds 14 passengers.

No. of Teachers _____ + No. of Students _____ = **Total No. Riding Bus** _____ If total is over 46, can you use Bus 2? ☐ Yes ☐ No

FOR OFFICE USE ONLY: Drivers _____ x hours _____ = Total hours _____

Mileage

Attach directions including **all** locations from and back to SCA, printed from www.google.com/maps. **Round Trip Total Miles:** _____

Admission Cost

Is SCA responsible for covering admission costs?

☐ No: _____ (✓) student will bring \$ _____ for admission
_____ (✓) no cost for admission

☐ Yes:

of students _____ x cost per student \$ _____ = Total Cost \$ _____

of teachers _____ x cost per teacher \$ _____ = Total Cost \$ _____

of bus drivers _____ x cost per driver \$ _____ = Total Cost \$ _____

Total Admission Cost: \$ _____

_____ Cash needed for day of trip

_____ Check Requested: ☐ Mail prepayment ☐ Need day of trip

Made payable to: _____

Address: _____

Phone: _____

Meal Cost (always ask about complimentary driver meal)

Is SCA responsible for covering meal costs?

☐ No: _____ (✓) student will bring lunch, or cost of _____ for meal
_____ (✓) no cost for meal

☐ Yes: Location: _____

of students _____ x cost per student \$ _____ = Total Cost \$ _____

of teachers _____ x cost per teacher \$ _____ = Total Cost \$ _____

of bus drivers _____ x cost per driver \$ _____ = Total Cost \$ _____

Total Meal Cost: \$ _____

_____ Cash needed for day of trip

_____ Check Requested: ☐ Mail prepayment ☐ Need day of trip

Made payable to: _____

Address: _____

Phone: _____

Notes: _____

FOR OFFICE USE ONLY

☐ **Principal**

Signature: _____

Date: _____

_____ Approved

_____ Denied _____

☐ **Administrative Coordinator (Wendy Bowen)**

_____ EMS Webquest submitted

_____ FBNS Staff approval _____

_____ Confirmation sent to Teacher

_____ Posted on SCA Master Outlook

_____ Sent to Kathy for Transportation Log

_____ Directions/Instructions sent for driver

☐ **Financial Secretary (Carla Hund)**

_____ Check Requested

Amount: \$ _____

_____ Prepayment Mailed, Date _____

_____ Check needed for day of trip

_____ Cash needed for day of trip

Amount: \$ _____

_____ Money Received

Signature _____

Date _____

_____ Receipt returned