



PERU ELEMENTARY SCHOOL DISTRICT 124 2025-2026 PTA MINI GRANT FIELD TRIP REQUEST FORM

OUR MISSION: Preparing our students to learn, grow and reach their greatest potential.

Request forms will be accepted up to 7 days prior to the monthly PTA meeting for vote.
Requests submitted without the required information and/or after the cut-off will be presented for vote at the PTA meeting the following month with the required information.

2025-2026 Monthly Meeting Schedule at 6:00 p.m. in the Northview Library

September 8, 2025	February 9, 2026
October 20, 2025	March 9, 2026
November 10, 2025	April 13, 2026
January 12, 2026	May 11, 2026

Dates subject to change

School

- ☐ Northview
☐ Parkside

Today's Date: _____

Field Trip Date: _____

Vendor/Company: _____

Amount Requested: _____

Deposit required?:

Yes; Deposit Amount: _____ Deposit Due: _____ Balance Due: _____

No; Full Payment Due Date: _____

PTA Check Payable To: _____

Payment Address: _____

Additional payment details: If the request does not cover the full cost, please specify the source of the remaining funds:

Teacher Requesting: _____ Grade(s): _____

of Students: _____ # of Chaperones: _____ # of teacher/staff: _____ # of bus drivers: _____

@ \$ _____ @ \$ _____ @ \$ _____ @ \$ _____

Total Refund Due PTA \$: _____

Please describe how your request would be used and how the students would benefit: _____

**Required: Class roster/chaperone list indicating who has paid the amount, cash or check, check number and name on check* See page 2 for example*

Please submit to your building principal for approval

Principal's Signature: _____ Date: _____

Please email signed PTA mini grant request form to: pta@perued.net

PTA Approved: ☐ Yes ☐ No Date: _____

Teacher: *Miss Honey*

Grade: *5*

Event: *Medieval Times Field Trip*

Date: *5/5/2025*

\$ Due Per Student: *\$5.00 per student*

\$ Due Per Chaperone: *\$25 per chaperone*

Student Name	Amount Paid	Cash	Check #	Name on Check
Matilda Wormwood	\$5	X		
Michael Wormwood	\$5	x		
Amanda Thripp	\$5		#2255	Michael & Sarah Thripp
Chaperone Name	Amount Paid	Cash	Check #	Name on Check
Sarah Thripp	\$25	x		
Martha Bogtrotter	\$25		#3366	Steve & Martha Bogtrotter

Total: _____