

# TRANSPORTATION/FIELD TRIP REQUEST

This form is to be used for all requests for transportation not regularly scheduled. Complete the first two sections then submit this form to your building principal who will forward it to the Transportation Director. Your verification that the trip is scheduled will be a copy of this form returned to you.

Person Making Request: \_\_\_\_\_

Building: \_\_\_\_\_ Today's Date: \_\_\_\_\_



## TRIP INFORMATION

Field Trip Date: \_\_\_\_\_ Destination: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

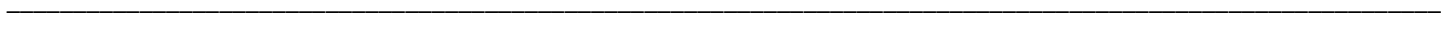
Total number of students: \_\_\_\_\_ Total number of adults: \_\_\_\_\_ Grade Level(s): \_\_\_\_\_

If appropriate, have chaperones been secured? Yes \_\_\_ No \_\_\_ N/A \_\_\_

If appropriate, have permission slips been secured? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Are special meal arrangements necessary? If yes, explain \_\_\_\_\_

Are there any fees/admission charges? If yes, explain \_\_\_\_\_



Departure Time: \_\_\_\_\_ Return Home Time: \_\_\_\_\_

Do you need a substitute? \_\_\_\_\_ If yes, specify: \_\_\_\_\_

Other information: \_\_\_\_\_



## AUTHORIZATION

Who is paying for the cost of the trip? Transportation Fund \_\_\_ Other \_\_\_ If Other, please specify \_\_\_\_\_

Has the teacher/sponsor/chaperone received a copy of the field trip guidelines? Yes \_\_\_ No \_\_\_

Building Principal Approval: Yes \_\_\_ No \_\_\_ Signature: \_\_\_\_\_



## TRIP SCHEDULING

Numbers of Busses Assigned: \_\_\_\_\_

Transportation Director: \_\_\_\_\_ Date: \_\_\_\_\_



## POST TRIP REMARKS

Report any problems that may have occurred immediately to the Building Principal or Assistant Principal.



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