FIELD TRIP REQUEST

***TRIP REQUEST MUST BE SUBMITTED NO LESS THEN 30 DAYS BEFORE TRIP***

PERSON IN CHARGE OF TRIP (PRINT NAME)_____________________________________________________

PHONE NUMBER(   )________________________EMAIL ADDRESS________________________________________

DESTINATION_____________________________________________________________________________________

Address________________________________City________________________________State________________________

DATE OF TRIP________________________________GROUP______________________________________________________

TIME TRIP LEAVES SCHOOL :   ____AM/PM    TIME RETURNING TO SCHOOL :   ____AM/PM

NUMBER OF STUDENTS_________ NUMBER OF ADULTS__________

56 MIDDLE/HIGH SCHOOL STUDENTS MAX OR 84 ELEMENTARY MAX PER BUS

PURPOSE OF TRIP____________________________________________________________________________________

___________________________________________________________________________________________________

SPECIAL REQUEST____________________________________________________________________________________

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LARGE ITEMS SUCH AS COOLERS MUST BE SECURED. NO ITEMS CAN BLOCK THE EMERGENCY EXITS OR REMAIN IN THE

AISLE WAY. DO YOU NEED UNDER STORAGE COMPARTMENTS? YES/NO

TRIP REQUESTOR SIGNATURE__________________________________________________________DATE____________

PRINCIPAL SIGNATURE____________________________________________________APPROVED/DENIED DATE____________

***TRANSPORTATION USE BELOW***

DIRECTOR OF TRANSPORTATION SIGNATURE________________________________APPROVED/DENIED DATE____________

DATE CONFIRMATION SENT VIA EMAIL_____/_____/_______

DRIVER________________________VEHICLE #________DATE_____/_____/_______

MILEAGE BEGIN________________________  DRIVER CHECK IN TIME _______: ______AM/PM

MILEAGE END________________________  DRIVER CHECK OUT TIME_______: ______AM/PM

TOTAL __________________ TOTAL TIME ______HRS_______MINS