

Study Trip Request Form

(Pleasure/Incentive Trip or Activity)

Teacher Making Request: _____

Date that this form was submitted to the office: _____

Destination of Trip/Activity: _____

Bus Requested: **Yes** _____ **No** _____

Class or Grade Level of participating students: _____

Number of participating students: _____ **Number of Buses needed:** _____

Date of Trip/Activity: _____ **Departure Time:** _____

Time of return: _____

Door that bus will load and unload students: **Elementary** **Middle** **High School**

Educational Purpose of Trip/Activity: _____

Objectives of the Trip/Activity: (What are the concepts you want your students to gain a better understanding of as a result of this experience.)

What are the classroom follow-up activities you are planning as a result of having your students participate on this study trip/activity:

OVER

(For Office Use Only)

Principal's Signature: (Required in order to proceed.) _____

Date this form was given to Bus Driver Coordinator by the principal: _____

Date this form was returned to the principal from the bus driver coordinator: _____

Bus Driver Assigned to this trip: _____

Timeline Itinerary

The following outline is to be completed by the teacher requesting the trip/activity.

Before 8:00 A.M. () _____

8:00 to 9:00 A.M. _____

9:00 to 10:00 A.M. _____

10:00 to 11:00 A.M. _____

12:00 to 1:00 P.M. _____

1:00 to 2:00 P.M. _____

2:00 to 3:00 P.M. _____

After 3:00 P.M. () _____

****Buses needed for after school routes need to be back at school by 2:35 P.M.**