CATOOSA COUNTY PUBLIC SCHOOLS
911 Travel List

DATE _____
Date of travel should be same as today's date

School _____ Group _____
Destination_____
Contact Name & Number_____

Method of Travel: School Bus Charter Bus Personal Vehicle(s) Airline
Total Students _____ Total Adults_____

This form must be filled out <u>EACH TIME</u> you take students on a field trip (this includes school trips, athletic trips or band trips or any trip you take students off school campus).
This would also apply to school sponsored trips when the parent/chaperone is driving.

Name	Emergency Phone Number	Parent/Guardian Name	Student or Adult

SUBMIT THIS FORM TO FIELD TRIP SECRETARY & COPY TO BUS DRIVER BEFORE YOU LEAVE SCHOOL CAMPUS