

CHRISTIAN COUNTY TRANSPORTATION FIELD TRIP REQUEST

School: _____ Group: _____ Billing Code (Where trip is billed) _____

Trip Date: _____ Depart and Return Time: _____

Emergency Contact Person: _____ Group/School Emergency Number: _____

Purpose of Trip: Curricular: _____ Extra Curricular: _____ Competitive: _____ Non-Competitive: _____
Destination and Address: _____

(300 Mile Limit Without Board Approval)

BUS INFORMATION

Number of Buses: _____ Buses with under carriage: Yes _____ No _____ Number of Students: _____ Number of Adults: _____

Name of Certified Personnel: _____ Drivers Needed: Yes _____ No _____ (Please list drivers if answer is No)

Driver _____ Driver _____ Driver _____

Principal Signature: _____ Date Approved: _____

TRANSPORTATION DEPARTMENT

Approval _____ Date _____ Signature _____

Denied _____ Date _____ Signature _____