

Field Trip Request Form

_____ (School)

_____ (Date)

Teacher(s) _____

Class/Grade/Club _____

Destination _____ # Miles – Round Trip _____

Purpose of Trip _____

Date of Trip _____ # of Students _____

In/Out of County Trip # _____ # of Buses Needed _____

Time of Departure _____ Time of Return _____

Substitutes Needed # _____ Yes _____ No _____

Amount Owed to Transportation Department \$ _____

Reason: _____ Extra Mileage _____ Extra Trips

Approved _____ Date _____
(Principal)

Approved _____ Date _____
(Superintendent)

Notification to Nurse by School Office _____ Yes _____ No

Notification to Lunchroom Manager by School Office _____ Yes _____ No