

## Jefferson County Schools Field Trip Request Form

School \_\_\_\_\_ Teacher \_\_\_\_\_

Class/Club \_\_\_\_\_

Date Request Submitted \_\_\_\_\_ Date of Field Trip \_\_\_\_\_

Destination Name \_\_\_\_\_

Destination address \_\_\_\_\_

Destination phone \_\_\_\_\_

Time of Departure \_\_\_\_\_ \*Return Time \_\_\_\_\_

Method of Transportation \_\_\_\_\_

Special Transportation Requests (wheelchair lift, bus driver) \_\_\_\_\_

Number of Students \_\_\_\_\_ Number of Adults \_\_\_\_\_

Educational Goal of Trip

What method will you measure the achievement of the education goal?

Approved By: \_\_\_\_\_

\* Return time, all trips must return in time for buses to be at their assigned schools afternoon route.

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Transportation Department Use Only

Your driver/drivers are: \_\_\_\_\_ Bus # \_\_\_\_\_

\_\_\_\_\_ Bus # \_\_\_\_\_

\_\_\_\_\_ Bus # \_\_\_\_\_

Date notified \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_

TURN IN TO YOUR PRINCIPAL 2 WEEKS IN ADVANCE OF TRIP.