**Revised Form August 2018**

**FIELD TRIP/SCHOOL BUS REQUEST FORM & VOUCHER**

**LANETT CITY SCHOOLS**

(TRIP REQUEST MUST BE RECEIVED BY SUPERINTENDENT “5 DAYS” PRIOR TO TRIP)

**TO BE COMPLETED BY SPONSOR**

SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF TRIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DESTINATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPONSOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK ( ) Academic ( ) Band ( ) Athletics

PURPOSE OF TRIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Does the trip require a nurse? \_\_\_\_\_ Please contact the school nurse at 644-5961 to schedule**

**Which mode of transportation will be required?**

**\_\_\_\_\_School Bus \_\_\_\_\_School Truck \_\_\_\_\_School Car \_\_\_\_\_Charter Bus \_\_\_\_\_Special Needs Bus**

**If using school bus, please complete section below**

NUMBER OF STUDENTS \_\_\_\_\_\_ NUMBER OF CHAPERONES \_\_\_\_\_\_ NUMBER OF BUSES \_\_\_\_\_

DEPARTURE TIME \_\_\_\_\_\_\_\_\_\_\_ RETURN TIME \_\_\_\_\_\_\_\_\_\_\_ DISTANCE ONE WAY \_\_\_\_\_\_\_\_\_\_\_

EMERGENCY EVACUATION LEADER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(TEACHER)

EMERGENCY EVACUATION HELPERS

 STUDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRIP TO BE PAID BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DRIVER(S) NEEDED ( ) YES ( ) NO

**DRIVER (If you are providing)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY DRIVER**

DRIVER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BUS # \_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ODOMETER: PRE TRIP \_\_\_\_\_\_\_\_\_\_\_\_\_ POST-TRIP \_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL MILES \_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTURE TIME \_\_\_\_\_\_\_\_\_\_\_\_\_ RETURN TIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL TIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY THE TRANSPORTATION DIRECTOR**

FUEL COSTS: TOTAL MILES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X $ 1.25\_\_\_ = $ \_\_\_\_\_\_\_\_\_\_

DRIVER WAGES: TOTAL HOURS \_\_\_\_\_\_\_\_\_\_\_\_\_\_ X $ 8.50\_\_\_ = $ \_\_\_\_\_\_\_\_\_\_

TRANSPORTATION DIRECTOR’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_

**TRIP APPROVAL**

SPONSOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINCIPAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERINTENDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_