

TRANSPORTATION REQUEST FORM

Date of Trip _____

Loading Time: _____ AM PM

Return Time: _____ AM PM

(Please circle one) Field Trip Sport

Pick Up Point: P/JH IS HS
(Please circle one)

PLEASE SUBMIT YOUR REQUEST AT LEAST TWO (2) WEEKS PRIOR TO TRIP.

Student Group: _____ Number of Students: _____

FIELD TRIPS ONLY

Please attach a roster of what students will be on the bus for the field trip.

Destination: _____ Number of Chaperones: _____

Estimated Distance One Way: _____ Approximate Cost to Students: \$ _____

Is this a PTO funded field trip? Yes or No
(Please circle one)

Purpose of Trip:

Correlation to curriculum: (Important if we are to receive reimbursement)

Special Request: _____

Please attach a student roster of who will be riding the bus for this trip. (Important for state reporting)

Teacher requesting: _____

Date: _____

Principal approval: _____

Date: _____

Superintendent's approval: _____

Date: _____

(Office Use Only)

Driver(s) Assigned: _____

Bus Number(s): _____

Driver(s) Assigned: _____

Driver(s) Assigned: _____

CC: Requesting Teacher
 Principal
 Transportation Director
 District Secretary
 Driver(s)