

FIELD TRIP REQUEST FORM

CHECK ONE  Instructional Field Trip  Recreational Field Trip

Today's Date \_\_\_\_\_ Date of Field Trip \_\_\_\_\_
Teacher/Sponsor(s) \_\_\_\_\_ # of Passengers \_\_\_\_\_
Class/Group Requesting Field Trip \_\_\_\_\_ Exact Departure Location \_\_\_\_\_

Type of Vehicle Requested (place number of vehicles needed in the appropriate box):

Regular Bus (66 passenger)  Wheelchair Bus  Mini-Bus (Kdg/Preschool Only)

Time Vehicle to Report: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Est. Return Time: \_\_\_\_\_

Event Start Time: \_\_\_\_\_

Destination: \_\_\_\_\_ City: \_\_\_\_\_

Exact Address to Destination (include special bus parking instructions and any additional stops planned):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver Expectations: Meal(s) provided  Yes  No  Not Applicable
Admission fee provided  Yes  No  Not Applicable
Load  Coolers  Equipment
Type of clothing  Casual  Dress

State the instructional objectives of the field trip including state standard reference, planned follow-up activities, and how the trip will be evaluated in terms of meeting the instructional objectives. Please use the reverse side of this sheet, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Teacher/Sponsor \_\_\_\_\_

Signature of Building Administrator \_\_\_\_\_

Signature of Transportation Director \_\_\_\_\_

Charge Trip To Account # \_\_\_\_\_

Trip # \_\_\_\_\_

Revised: 6/8/99, 5/9/00, 5/8/01, 5/03, 7/1/16