

OVERNIGHT/OUT-OF-STATE 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) Activity Bus
 Wheelchair Bus Charter bus arranged by sponsor

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 standards, 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 _____

Signature of Superintendent/Designee _____

Charge Trip To Account # _____

Trip # _____