

MT. VERNON TOWNSHIP HIGH SCHOOL

320 SOUTH SEVENTH STREET

MT. VERNON, IL 62864

(618) 244-3700

Fax (618) 244-8047

Regular _____ Athletics _____ HOSA _____ Reimbursable _____
Special Education _____ Grant _____ Nursing _____ Nonreimbursable _____
Career & Tech Ed. _____ Name of Grant _____
ELO _____ Skating/Bowling _____ Job Shadowing _____ Child Care _____
AG _____ FFA _____

TRANSPORTATION/SECURITY REQUEST SHEET

Check One: Field trip during school hours _____ Field trip after school hours _____ Security _____

Please attach a list of students that went on the field trip to the back of this sheet.

Date: _____

Date of Activity: _____

Location: _____

Event: _____

Departure Time: _____

Return Time: _____

Number of Buses and Name of Bus Company: _____

Grade and Class: _____

Student Count: _____ Teacher Name(s) and Count: _____

Purpose of Field Trip: _____

Teacher Signature: _____

Scheduled: _____

Principal: _____

Athletic Director: _____