

REQUEST FOR FIELD TRIPS

Alcorn School District

Trip to: _____

School: _____

Date of Trip: _____

Dept.: _____

Return Date: _____

No. of Adults: _____

Hour of Departure: _____

No. of Students: F. _____ M. _____

Time of Return: _____

Person(s) To Be In Charge:

No. of Buses Needed: _____

1. _____

Bus No.: _____

2. _____

School Bus Driver: _____

3. _____

Sponsor () Non-Sponsor ()

Safety Council Member: _____

APPROVED: _____ Principal

Date: _____

APPROVED: _____ Supt. of Ed.

Date: _____

Bottom Portion to be filed by driver:

Odometer Reading

Beginning: _____

End: _____

Miles: _____

Bus Rental

No. of Buses: _____

Total Miles: _____

SPONSOR – \$1.00 PER MILE

NON-SPONSER – \$1.25 PER MILE

x No. of Buses = Bus Rental

Bus Rental for Trip \$ _____

Trip Time Frame:

Hour of Departure: _____

Time of Return: _____

Total Hours: _____

Superintendent of Education

White Copy to Payroll: Yellow Copy to Business Office: Pink Copy to Local School