FIELD TRIP TRANSPORTATION REQUEST FORM

DATE: ____________________

School: Davenport   Kingston   Genoa   Middle School   High School

Name of Teacher(s) __________________________________________________________

Class(es) Attending _________________________________________________________

Date of Trip ______________________________________________________________

Leave Time from School ___________   Return Time At School ___________

Destination ________________________________________________________________

** If any special driving/parking instructions, please attach a copy.

Will students eat lunch at school? Circle: YES or NO

# of Students Going _______________   # of Chaperons/Teachers Going __________

Number of Buses needed _______________

Is a Substitute Needed?   Yes   No
(if yes, remember to call the District Sub-caller and complete an absence form)

________________________________________________________________________

Signature of Teacher.

________________________________________________________________________

Signature of Principal

________________________________________________________________________

Signature of Transportation Director

________________________________________________________________________

Signature of Superintendent

A list of all students riding the bus on the day of the field trip must be turned in to the driver when the bus leaves on the trip.

Please describe the connections this field trip makes to State Standards.