Field Trip Request Form

Name of Class or Grade:		_							
Destination & Address:									
*Please provide complete address and	or man for driv	or.							
	•		Tl 1	E.i.i.i	1	C-41	- C		
Day of week: Monday	Tuesday □	Wednesday □	Thursday □	Frid	lay □	Saturday	□ Sur	ıday □	
Date of Trip									
	/	/20	 T						
Depart from school @	:	AM	Return to so	chool @			A	ΑM	
(not earlier than 8:20 if possible)	earlier than 8:20 if possible) - or -					-or-			
:PM (by 2:20 PM if possi				if possible	e)	:	: PM		
Students to be picked up at:	Main Entra	ance (A2) □	<u> </u> Gymnasium I	Entrance	(A7) ¬	Othe	er:		
Students to be picked up ut.	Wain Ende		Oyinnasiani i	ziiti airee	(111)	Oth			
					Number of buses/van requested				
Number of Students: Chaperones Chaperones					(max 56/bus)				
Financed by - (check one) Board Financed Cost per						per stude	Student		
Group Financed \$									
Name of Gr	oup				Ψ				
Will driver be permitted to enter e	vent?						□ Yes	□ No	
If so, will driver's admission be waived? If NO, please enter admission fee \$							□ Yes	□ No	
Will trip require a meal stop? If YES, name of restaurant							□ Yes	□ No	
Additional Information:									
PRINT name of to person(s) mak	ing request:]	Forward t	o Building	Principal	
Principal Signature:						Date:			
Superintendent Signature:		\Box AP	PROVED	□ NOT	APPRO	OVED	Date :		
*Approved requests will be se Page/Staff Tools/Field Trip C Transportation Office.									
Bus Driver		Bus Driver							
Bus Driver		Bus Driver							

Field Trip Request Form Revised 11/16

Scanned Added to Bus Roster Added to Field Trip Calendar Emailed

□ BUSES HAVE BEEN ARRANGED; ARRANGEMENTS HAVE BEEN MADE FOR BUS DRIVERS ENTRANCE FEE (IF APPLICABLE). BUS DRIVER(S) HAVE BEEN MADE AWARE OF MEAL ARRANGEMENTS.
□ BUS DRIVER IS AWARE OF DESTINATION AND BEST ROUTE; POSSIBLY A MAP GIVING THE DIRECTIONS TO THE LOCATION AND ANY SPECIAL PARKING INSTURCTIONS. BUS DRIVER HAS BEEN GIVEN A LIST OF ALL STUDENTS THAT WILL BE RIDING THE BUS THAT HE/SHE IS DRIVING. ALSO, THE BUILDING PRINCIPAL HAS BEEN GIVEN A COPY OF THE LIST DESIGNATING WHAT BUS EACH CHILD IS ASSIGNED TO RIDE.
☐ MONEY HAS BEEN TURNED IN, IF GROUP FINANCED.
$\ \square$ EVERY STUDENT WHO IS ATTENDING THE FIELD TRIP HAS A PARENT PERMISSSION FIELD TRIP FORM.
$\ \square$ HAVE AN EMERGENCY MEDICAL AUTHORIZATION FORM FOR EACH STUDENT ON THE BUS(ES). FORMS MUST BE TAKEN ON THE BUS AND GIVEN TO THE APPROIATE DRIVER.
□ ALL LOGISTICS HAVE BEEN COVERED, IE, LUNCH COSTS, RESTROOM STOPS.
$\hfill \square$ AWARE OF BUS RULES AS OUTLINED IN THE STUDENT HANDBOOK. IE; NO GLASS BOTTLES ON BUS, ETC.
☐ HAVE ARRANGED WITH THE PRINCIPAL TO COVER ANY CLASS, DUTIES, ETCDO NOT ASSUME THAT THIS IS AUTOMATICALLY DONE UNELSS YOU INFORM PRINCIPAL IT MAY NOT BE DONE.
SCHOOL VAN
APPLY FOR USE ON FIELD TRIP REQUEST FORM AND GIVE TO BUILDING PRINCIPAL.
\square KEYS CAN BE OBTAINED FROM MRS. BROWNING IN THE SUPERINTENDENTS OFFICE.
MAKE SURE VAN GASOLINE TANK IS FILLED WHEN UPON RETURN TRIP.
\square MAKE SURE THE VAN CHECK LIST FORM HAS BEEN COMPLETED AND RETURNED TO MRS. BROWNING ALONG WITH THE WITH THE KEYS.
□MAKE SURE VAN IS CLEANNO PAPER, WRAPPERS, MUD, ETC.

Please make sure all items have been completed PRIOR TO FIELD TRIP DEPARTURE DATE: