

# Regional School Unit 1

## Field Trip/Shuttle Request Form

**REQUESTS FOR FIELD TRIPS/SHUTTLES MUST BE RECEIVED  
BY CENTRAL OFFICE AT LEAST 2 WEEKS IN ADVANCE**

REQUESTS FOR **OUT OF STATE** AND **OVERNIGHT** TRIPS MUST BE MADE 30 DAYS IN ADVANCE

\*All trips are subject to the Superintendent's approval. Out of state and overnight trips require Board Approval\*

School: \_\_\_\_\_ Teacher(s): \_\_\_\_\_  
Grade(s): \_\_\_\_\_

Date(s) of trip: \_\_\_\_\_ Is this an overnight trip? \_\_\_\_\_

Destination: \_\_\_\_\_ Is this an out of state trip? \_\_\_\_\_

Physical address: \_\_\_\_\_

**DEPARTURE TIME FROM SCHOOL:** \_\_\_\_\_

**ARRIVAL TIME AT DESTINATION:** \_\_\_\_\_

**DEPARTURE FROM DESTINATION:** \_\_\_\_\_

**ARRIVAL TIME BACK AT SCHOOL:** \_\_\_\_\_

**Special Needs?**

Wheelchairs(s) \_\_\_\_\_

**Bag Lunch Needed? Y / N**

How many? \_\_\_\_\_

Do you require additional transportation between your departure and return? \_\_\_\_\_  
If so, provide dates, times, destination: \_\_\_\_\_

*Please continue  
details or  
comments on  
reverse.*

**NUMBER OF STUDENTS:** \_\_\_\_\_ **NUMBER OF ADULTS:** \_\_\_\_\_

**PURPOSE OF TRIP:** \_\_\_\_\_

**PRE-PLANNING ACTIVITIES:** \_\_\_\_\_

**GOALS & OBJECTIVES:** \_\_\_\_\_

**POST-TRIP ACTIVITIES:** \_\_\_\_\_

**NO BUS IS NEEDED**

\_\_\_\_\_  
Teacher in Charge of Trip Date

If no bus is needed, how will students arrive/return?  
\_\_\_\_\_

**Funding Source:** (To be completed by school office personnel)

\_\_\_\_\_  
Principal/Director Date

- \_\_\_\_ Principal's Office
- \_\_\_\_ Classroom Teacher
- \_\_\_\_ Cafeteria Personnel
- \_\_\_\_ School Nurse

\_\_\_\_\_  
Superintendent of Schools Date

**FOR OFFICE USE ONLY**

- Bus Office
- Board Approved \_\_\_\_\_
- Spreadsheet
- Denied \_\_\_\_\_