

Out of Town Travel List

List all student participants with student name, parent name, address and telephone.

Fax or e-mail to Transportation office 864-5004/dludwig@esd-15.org;tzyllks@esd-15.org

This list needs to be in the transportation office 48 hours before your trip.

The chaperone will need a copy on the bus as well. Your bus may not leave without

a student travel list, a seating chart and a chaperone on the bus.

School Name _____ School Group _____

Number of Students	Departure Date
1	10/1/2023
2	10/2/2023
3	10/3/2023
4	10/4/2023
5	10/5/2023
6	10/6/2023
7	10/7/2023
8	10/8/2023
9	10/9/2023
10	10/10/2023
11	10/11/2023
12	10/12/2023
13	10/13/2023
14	10/14/2023
15	10/15/2023
16	10/16/2023
17	10/17/2023
18	10/18/2023
19	10/19/2023
20	10/20/2023
21	10/21/2023
22	10/22/2023
23	10/23/2023
24	10/24/2023
25	10/25/2023
26	10/26/2023
27	10/27/2023
28	10/28/2023
29	10/29/2023
30	10/30/2023
31	10/31/2023

Destination	Departure Time
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Return Date _____ Return Time _____

Chaperone/Sponsor	Cell Phone
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Student Name	Parent Name	Address	Telephone
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[illegible]