

FIELD TRIP REQUEST FORM

CHECK ONE Instructional Field Trip Recreational Field Trip

Today's Date _____ Date of Field Trip _____
Teacher/Sponsor(s) _____ # of Passengers _____
Class/Group Requesting Field Trip _____ Exact Departure Location _____

Type of Vehicle Requested (place number of vehicles needed in the appropriate box):

Regular Bus (66 passenger) Wheelchair Bus Mini-Bus (Kdg/Preschool Only)

Time Vehicle to Report: _____ Departure Time: _____ Est. Return Time: _____

Event Start Time: _____

Destination: _____ City: _____

Exact Directions to Destination (provide map with request, if necessary): _____

Driver Expectations: Meal(s) provided Yes No Not Applicable
Admission fee provided Yes No Not Applicable
Type of clothing Casual Dress

State the instructional objectives of the field trip, planned follow-up activities, and how the trip will be evaluated in terms of meeting the instructional objectives. Please use the reverse side of this sheet, if necessary. _____

Signature of Teacher/Sponsor _____

Signature of Building Administrator _____

Signature of Transportation Director _____

Charge Trip To Account # _____

Trip # _____