



# REQUEST FOR FIELD TRIP



Staff Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_ Group/Grade: \_\_\_\_\_

Total Passengers: \_\_\_\_\_ No. of Students \_\_\_\_\_ Chaperones: No. of Staff: \_\_\_\_\_ No. of Parents: \_\_\_\_\_

Day/Date of Trip: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Arrival Back: \_\_\_\_\_

Pick Up Point: \_\_\_\_\_ Destination and address (attach directions): \_\_\_\_\_

Educational Purpose of Trip: \_\_\_\_\_

School District Transportation Needed: YES NO

**Reminder: District transportation is available from 8:45 to 2:15 Wednesday 1:15**

If no, what type of transportation will be provided:  
\_\_\_\_\_

Cost of trip per student: \_\_\_\_\_ (excluding transportation cost)

Checklist: Please complete before submitting to building principal.

- |   |
|---|
| <input type="checkbox"/> Transportation Coordinator Contacted (call to see if buses are available) Date called: _____<br><input type="checkbox"/> Wheelchair accessible bus needed<br><input type="checkbox"/> Any students with disabilities that would require special accommodations for this trip<br><input type="checkbox"/> Chaperones given the <i>Guidelines for Chaperones</i> information sheet that is attached<br><input type="checkbox"/> Medication arrangements for individual students in consultation with health clerk<br><input type="checkbox"/> Class/Supervision Coverage (Students not attending trip – who will supervise)<br><input type="checkbox"/> Date placed on school calendar<br><input type="checkbox"/> Staff communication<br><input type="checkbox"/> Parent notification sent<br><input type="checkbox"/> Money Collected (Teachers must make arrangements for this – not the office)<br><input type="checkbox"/> Requisition for field trip money sent to district office 2 weeks prior to field trip |
|---|

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Transportation's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE ONLY: After principal's signature fax copies to: \_\_\_\_\_ Transportation

## **TRANSPORTATION ONLY**

School: \_\_\_\_\_ Date of Trip: \_\_\_\_\_

Destination: \_\_\_\_\_ Number of Buses Provided: \_\_\_\_\_

Driver: \_\_\_\_\_

Mileage Start: _____	Time Start: _____
Mileage Finish: _____	Time End: _____
Trip Mileage: _____	Total Time: _____