

Field Trip Request Form



District # _____

Account # _____

Complete this form and return to your Principal. If any changes take place with the trip information, resubmit the request. No trip will be scheduled or changed via phone.

School _____ Teachers _____

Start Date _____ End Date _____ Day(s) of Week _____

of Students _____ # of District Adults _____ # of Non-District Adults _____
(background check required)

Bus Walking District Vehicle Personal Vehicle Other _____

Cargo Type _____ # Buses In-Town _____ # Buses Out-of-Town _____

Special Parking Instructions _____

_____ Parking Fees _____

Departure Time _____ Destination Name _____

Return Time _____ Destination Address _____

(All trips must return by 2:30pm)

Complete Trip Description _____

Teacher Signature _____ Date of Request _____

Substitute Teacher(s) Needed? No Yes *(If yes, please see reverse side of paper)*

Approved

Denied

Signature _____ Date _____

Principal

Date Rec'd by DO

Approved

Denied

Signature _____ Date _____

Director of Business Services

ALL FIELDS TRIPS REQUIRING A BUS NEED TO BE COMPLETED AND TURNED INTO THE BUSINESS OFFICE THREE (3) WEEKS BEFORE TRIP DATE

cc: Business Office, School Principal, School Kitchen, Double 3 Transportation, Teacher, School Nurse

Substitute Teacher(s) Needed? Teacher 1: Yes No Teacher 2: Yes No

If yes, all day or specific hours needed? Teacher 1: _____ Teacher 2: _____

Signature _____ Date _____
Teacher 1

Signature _____ Date _____
Teacher 2