

# 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 \_\_\_\_\_ Teacher(s) \_\_\_\_\_

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 \_\_\_\_\_

# of Buses In-Town \_\_\_\_\_ # of Buses Out-of-Town \_\_\_\_\_

Departure Time \_\_\_\_\_ Destination Name \_\_\_\_\_

Return Time \_\_\_\_\_ Destination Address \_\_\_\_\_

***(All trips must return by 2:45pm)***

Complete Trip Description \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date of Request \_\_\_\_\_

Substitute Teacher 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 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*