

Field Trip / Activity Trip Request Form

Revised August 2010

1. This form must be filled out completely and approved by the principal and transportation supervisor before any trip can be taken.
2. The transportation department **MUST** receive this completed form **AT LEAST 10 SCHOOL DAYS IN ADVANCE** of the planned trip.
3. All buses used on daily activity trips **MUST** return to the place of departure by 2:00 p.m. **NO** exceptions
4. Field trips should have educational value and be limited to 2 trips per teacher per year. Trips to any particular attraction need not be duplicated in any upper grade level.
5. Last day for field trips is last day of school.
6. If trips are not canceled through the transportation department you will be charged for the trip.
7. Maximum 225 mile radius: Athletic and Academic contests **EXEMPT** except as approved by the Superintendent or his designee.
8. Buses will be assigned by the Central Office. If the principal has a request for a specific driver, it will be granted if possible.
9. Any Special Ed student that rides a Special Ed bus to and from school everyday that attends any type of school activity trip MUST be transported on a Special Ed bus driven by a regular Special Ed driver with a Special Ed bus attendant on board.
10. All drivers shall be compensated through the School Board Finance Department and the school shall be billed for the mileage and driver fee. An Extra Duties Form should be completed, signed by the driver and principal/principal designee, and submitted to the Transportation Office immediately following the trip.
11. Emergency transportation, with less than 10 days notification will be arranged by the principal and the Transportation Supervisor.
12. For bus and driver fee information, please refer to the Field Trips Pay Structure Form.

OBJECTIVE/PURPOSE OF TRIP (Must have educational value and match Content Standards or Grade Level Expectations.)

CS/GLE# _____

As a result of this field trip, the learner will be able to:

TRIP INFORMATION

1. Date of Trip(Day of week and calendar day) _____
2. School _____
3. Sponsor(s) _____ Cell phone # _____

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4. Grade, Department or Organization _____

5. Departure time from school _____

6. Est. arrival time at trip site _____

7. Departure time from trip site _____

8. Return time to school(must return by 2:00 p.m.) _____

9. Destination(list ALL stops) _____

10. Check one _____ 0 - 4 Hr. Trip _____ 4+ Hr. Trip

11. # of students _____ 12. # of buses requested _____

13. Estimated Mileage _____ 14. Funding _____

14. Driver(s) requested _____

ROUTE

Give a brief description of the proposed route. Be sure to include any and all major highways to be traveled. _____

I certify that students making the trip have all submitted a "Parent Permission Form", and they are on file at the school.

Sponsor's Signature and Position/Title _____ Date _____

I give permission for the above sponsor to take this trip.

Principal/Designee Signature _____ Date _____

APPROVED: _____
Transportation Supervisor signature _____ Date _____

DENIED FOR THE FOLLOWING REASON(S):

