

BUS TRANSPORTATION REQUEST FORM

IMPORTANT: ALL trip requests **MUST BE** submitted to **The BUS SHOP** 10 SCHOOL DAYS prior to the date of the trip.

School _____ Today's Date _____
Teacher _____ Date of Trip _____
Group _____ Begin Loading Passengers _____ A.M. P.M.
of Students _____ Depart for Destination _____ A.M. P.M.
of Adults _____ Arrive at Destination _____ A.M. P.M.
Driver: Stay With Bus Depart From Destination to School Or Original Site _____ A.M. P.M.
Driver: Can Drop Off & Return Arrive Back at School or Original Site _____ A.M. P.M.

Cell Phone Number of Administrator/Teacher/Coach that will be riding the bus: _____

Description of Trip: (Include Location, Extra Stops, Time, Etc.) _____

Purpose of Trip: (Contributions to the Total Educational Program) _____

Content Standards Reference Number: _____ Relevant Curriculum Attached

FIELD TRIP TRACKING DETERMINATION

(Please indicate answers to each question.)

Yes No Does any portion of the trip extend more than 100 miles beyond Idaho Border?
Yes No Does any portion of the trip occur outside the school week or school calendar year?
Yes No Does any portion of the trip require overnight stay?
Yes No Is any portion of the trip competitive?
Yes No Is any portion of the trip under the jurisdiction and sponsorship of IHSSA?
Yes No Is any portion of the trip considered an out-of-community student performance?
Yes No Is any portion of the trip considered an award?
Yes No Is any portion of the trip considered a recreation event (excluding Lifetime Sports high school only)?
Yes No Is any portion of the trip considered a social event?
Yes No Is any portion of the trip considered club affiliated?
Yes No This field trip is educational (including Lifetime Sports for high school only) and curriculum driven?
Yes No Will the entire school attend during a single event? (e.g. testing, movie, stage play or performance, Lagoon, etc.)
Yes No Will the student's (classroom) grade be affected?
Yes No Will everyone in the class have an opportunity to participate?

Teacher Signature _____
Administrator Signature _____
Approved Denied
Funding Source / Code: _____

**DO NOT FILL OUT THIS AREA
FOR BUS SHOP USE ONLY**
Reimbursable Field Trip
Non-Reimbursable Trip
Athletic Activity Trip
Bus # _____ Total Miles _____