

School Year: \_\_\_\_\_

8450F.2

**WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT  
REQUEST FOR FIELD TRIP TRANSPORTATION**

**REQUESTS SHOULD BE MADE NO LATER THAN ONE WEEK IN ADVANCE**

Return completed form to: Transportation Department  
Administration Building

Requested by: \_\_\_\_\_

School: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_

Field Trip to: \_\_\_\_\_

Address: \_\_\_\_\_

Number of Students: \_\_\_\_\_ Number of Adults: \_\_\_\_\_

Pick-Up Time (at school): \_\_\_\_\_

Return Time (from field trip destination): \_\_\_\_\_

Is bus required to stay with group for entire trip? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Principal's Signature

----- Office Use -----

School: \_\_\_\_\_

Date of Field Trip: \_\_\_\_\_

Destination \_\_\_\_\_

Time: \_\_\_\_\_ Number of buses: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Review: 08-21-13, 03-13-19