

TR New Request

[View Transportation Calendar](#) [View Request History \(/request/history/\)](#)

[Cost Estimator \(/request/costestimator/ajax/1\)](#)

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Trip Details

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* Client: 080_ MIDDLE SCHOOL CLASSRO(
 * Activity: FIELD TRIP PTA Multiple Activities
 * No. of passengers: 35 * Trip Date: Overnight Trip Recurring Trip
 Vehicle Type:
 Trip Category:
 * Teacher/Coach/Sponsor In Charge
 First Name: Teacher's first name Phone: 218-237-3300
 Last Name: Teacher's last name Email: me@parkrapids.k12.mn.us
 Trip Notes: Please, fill in the following field with details on extra requirements (e.g.: 4 wheel chairs):
 Please put your name here, the Teacher/Coach name does not show on the initial e-mail request for approval. Briefly describe your group, where you are going and how your trip will be funded.
 Special Needs

Pick-up Details

* Pickup Location: CENTURY SCHOOL Dismissal Time:
 * Pickup Location Detail: BUS LOOP Spot Time:
 * Leaves: 09 00 AM TBA
 Notes: Boxes with a red * are required fields.
 Make sure the 'Client' accurately reflects your group or grade, this determines who will receive your request for

Destination Details

* Destination Location: BONANZAVILLE Drop Off Time:
 * Destination Detail: FRONT ENTRANCE
 Notes:
 Arrive at Departure Location: Leave Time from Destination:
 Notes: Add any information the Drive will need to know.

Return Details

This is a one-way trip.
 * Return Location: CENTURY SCHOOL * Return Time: 02 30 PM
 * Return Location Detail: BUS LOOP
 Notes: Submit Request
 Make sure to check if your trip has been scheduled, click on the "View Transportation Calendar" in the upper right