



Student Activity Trip

Circle One: PHS TMS OHES PES TES

*(Form is to be completed and signed by the principal **before** any notices are sent to parents.)*

Teacher(s) _____ Date _____

Date of Field Trip: _____

Time of Departure from School _____

Time of Return to School _____

Destination: _____

Address: _____

Telephone: _____

(If applicable)

Mode of Travel:

- Bus *(Call Bus Barn 541-201-3153 to see if a bus is available)*
- Send this completed form to Bus Barn two weeks in advance. Fax 541-535-6245

Number of buses needed: _____ **Number of students participating:** _____

- Private Vehicles *(Every volunteer driver must complete the Volunteer Auto Use Permit Form. It will remain active all school year. Return forms to office **before** field trip.)*
- City Bus *(Notify Rogue Valley Transit: 541-779-2877)*
- Walking

Anticipated Expenses:

- Admission Charge _____
- Travel _____
- Other _____

Funds to be Used:

- Student Body Acct.
- P. O. Money
- Students Pay

Briefly describe how this field trip relates to your curriculum and is educationally beneficial for your students:

Approved **Not Approved**

Principal

Date

Teacher Checklist for Field Trip: Before Trip... Notice to parents _____ / Notify Cafeteria _____
Day of Trip... Cell Phone _____ / First Aid Kit _____ / Student Emergency Forms _____ Student Medications _____

*OAR 581-053-0031 provides explicit guidelines for the number of hours a driver may drive without a break, the number of hours a driver may drive within certain periods of time, and the number of hours that a driver must be "free from driving." These will be followed by First Student **without exception**.