

**MONTROSE COMMUNITY SCHOOLS
FIELD TRIP REQUEST FORM (Form 2340 F1)**

(Request must be submitted **at least 2-weeks prior** to the travel date!)

Teacher:		School/Class:	
Request Date:	Trip Date:	Destination:	
Number of Students:		Number of Staff/Chaperones:	
Please select one: _____ Bus Needed _____ Van Needed _____ No Transportation Needed			
Was the Staff Absence Recorded in Red Rover: _____ YES _____ NO _____ NOT APPLICABLE			
Purpose of Trip:			

INSTRUCTIONAL PURPOSE

Specific Learning Standards/Objectives to be Accomplished:

Pre-Trip Lessons/Activities:

Post-Trip Lessons/Activities:

FIELD TRIP APPROVAL

<input type="checkbox"/> Trip Approved: <input type="checkbox"/> Trip Disapproved	Principal Signature:	Date:
<input type="checkbox"/> Trip Approved: <input type="checkbox"/> Trip Disapproved	Superintendent Signature:	Date:
Does this field trip require School Board approval?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Has notice of this field trip been forwarded to the Transportation Department?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<p align="center">**If the field trip is not able to return to the district by 2:30 p.m., district school busses cannot be used and alternative transportation must be arranged**</p> <p align="center">Please complete BOTH sides of the form before submitting. Supervisors should send completed forms to the superintendent's secretary.</p>		

MONTROSE COMMUNITY SCHOOLS TRANSPORTATION REQUEST FORM

(Request must be submitted **at least 2-weeks prior** to the travel date!)

Staff Member/Group Requesting Trip:		Today's Date:	
Date of Trip:		Name of Location:	
Address:	City:	Zip:	Phone:

EMERGENCY PHONE NUMBER OF STAFF MEMBER ON TRIP (CELL PHONE):

Leave Time <i>(desired time to leave the lot):</i>	Return Time:	Number of Passengers: <i>(Bus Max: 77; Van Max: 10)</i>	Number of Buses/Vans:
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COMPLETE THIS SECTION FOR THE USE OF A BUS ONLY

*NOTE: *Groups are required to pay driver for 15 minutes prior to leave time in order to complete a state required pre-trip inspection. Bus will be in lot 5 minutes prior to scheduled leave time.*

Miles Roundtrip: _____	X	\$2.00 per Mile	=	
Driver Hours: _____	X	\$21.88 per Hour	=	
*Total Cost of Trip			=	

BUS PAYMENT INFORMATION MUST BE INCLUDED FOR TRIP TO BE SCHEDULED

Please make checks payable to **Montrose Community Schools** or provide the information below in order to process payment.

Account Name:	
Account Number:	

COMPLETE THIS SECTION FOR THE USE OF A VAN ONLY

NOTE: Van must be cleaned and all trash removed prior to return.

Driver's Name:	
Driver's Current & Valid Driver's License #:	
Driver's Cell Phone Number:	

ADDITIONAL INFORMATION

In this section please include any specific details that may be necessary (detailed parking information, drop off and pick up points, additional stops, etc.) Example: Drop off will be in the back of the building at Door C1.

ROUTING AND SIGNATURES

Once both sides of the document are completed, please submit to your building principal for approval.

Principal Signature:	Date:
Transportation Director Signature:	Date:

Please complete BOTH sides of the form before submitting. Supervisors should send completed forms to the superintendent's secretary.