

REQUEST FOR BUS TRANSPORTATION

RETURN COMPLETED FORM TO MAIN OFFICE

FIELD TRIP

GRADE/CLASS/GROUP: _____

REQUESTED BY: _____

TODAY'S DATE: _____ NUMBER OF PUPILS: _____

PURPOSE: _____

PLACE: _____

DATE OF TRIP: _____

LOADING TIME: _____

TIME LEAVING SCHOOL: _____

TIME ARRIVING BACK AT SCHOOL: _____

ADMISSION COST (**ATTACH APPROVED REQUISITION**): _____

EATING ARRANGEMENTS (PLACE): _____

COST TO DISTRICT: YES _____ / \$ _____ NO _____

STUDENT COST: YES _____ NO _____

BAGGED LUNCHES NEEDED: YES _____ HOW MANY _____ NO _____

CHAPERONES: _____

SUBSTITUTES NEEDED: _____

(All teachers attending the field trip must attach a list of periods that need to be covered during the field trip, including ISR)

****FINAL LIST OF STUDENTS AND CHAPERONES TO NURSE AND MAIN OFFICE THE DAY OF THE TRIP.**

CC: MAIN OFFICE/NURSE/CAFETERIA/TRANSPORTATION/BUSINESS OFFICE/TEACHER

PRINCIPAL

SUPERINTENDENT

DATE

DATE