

**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: <input type="checkbox"/> Bus Needed <input type="checkbox"/> Van Needed <input type="checkbox"/> No Transportation Needed			
Was the Staff Absence Recorded in Red Rover: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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**

Trip Approved: Trip Disapproved	Principal Signature:	Date:
Trip Approved: Trip Disapproved	Superintendent Signature:	Date:
Does this field trip require School Board approval? YES NO		
Has notice of this field trip been forwarded to the Transportation Department? YES NO		
<p align="center"><b>**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**</b></p> <p align="center"><b>Please complete BOTH sides of the form before submitting. Supervisors should send completed forms to the superintendent's secretary.</b></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:
<b>EMERGENCY PHONE NUMBER OF STAFF MEMBER ON TRIP (CELL PHONE):</b>				
Leave Time <small>(desired time to leave the lot):</small>	Return Time:	Number of Passengers: <small>(Bus Max: 77; Van Max: 10)</small>		Number of Buses/Vans:
<b>COMPLETE THIS SECTION FOR THE USE OF A BUS ONLY</b>				
<b>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.</b>				
Miles Roundtrip: _____	<b>X</b>	<b>\$2.00 per Mile</b>	<b>=</b>	
Driver Hours: _____	<b>X</b>	<b>\$21.88 per Hour</b>	<b>=</b>	
<b>*Total Cost of Trip</b>			<b>=</b>	
<b>BUS PAYMENT INFORMATION MUST BE INCLUDED FOR TRIP TO BE SCHEDULED</b>				
Please make checks payable to <b>Montrose Community Schools</b> or provide the information below in order to process payment.				
Account Name:				
Account Number:				
<b>COMPLETE THIS SECTION FOR THE USE OF A VAN ONLY</b>				
<b>NOTE: Van must be cleaned and all trash removed prior to return.</b>				
Driver's Name:				
Driver's Current & Valid Driver's License #:				
Driver's Cell Phone Number:				
<b>ADDITIONAL INFORMATION</b>				
<i>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.</i>				
<b>ROUTING AND SIGNATURES</b>				
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 <u>superintendent's secretary</u> .				