Merced City School District

Field Trip Request Form

Trip Number _____ Date Submitted _____

School _____ Teacher _____

Destination _____ Total Passengers _____

Trip Date _____ Depart School: _____ Return to School: _____

Funding _____ Budget # _____

Principal's Approval **Transportation Supervisor**

Briefly state purpose of trip and how it is correlated: _____

Trip Billing and Payroll Information		
Driver Complete		Verify by Teacher Initial
Sign On		
Depart Yard		
Arrive School		
Depart School		
Arrive Destination		
Depart Destination		
Return School		
Arrive Yard		
Sign Off		
Total Time		
Ending Mileage		
Beginning Mileage		
Total Trip Miles		

Mini Evac/Rule Review

- **Emergency Equipment**
  - **First Aid Kit**
  - **Fire Extinguisher**
  - **Reflectors**
- **Exits**
  - **Side**
  - **Rear**
  - **Front Door**
  - **Windows**
  - **Roof**
- **Procedures**
  - **Exiting**
  - **Safe Zone**
  - **Who's in charge**
  - **Fire**
  - **Accident**
  - **Breakdown**
- **Personal Belongings**
- **Bus Cleanliness**

Teacher verify			
Student Count		Adult Count	
Driver			
Bus #			

If the bus was not cleaned or fueled When will you do it?

Drivers Signature _____

6/10/02