



OIL CITY AREA SCHOOL DISTRICT

Excellence in Education

825 Grandview Road Oil City, PA 16301 Phone: 814-676-1867

ATHLETICS TRIP REQUEST FORM

Note: Please complete both sides of this form.

Individual completing this form: _____ Date: _____

- I acknowledge that a separate transportation request form **MUST** be completed for any trip being requested, unless use of school vans is planned (on next page). Initials _____

Team : _____

Destination: _____

Number of Athletes: _____

Name of Coach(es) and volunteers who will accompany the athletes on the trip:

Athletic Director Signature (Required)

Superintendent Signature

Is this trip overnight? ☐

Will you be traveling outside of Pennsylvania? ☐

Date(s) of the proposed trip: _____

Alternate dates:

What is the intended mode of transportation?

- ☐ School bus(es)
- ☐ Bus Company van(s)
- ☐ School vans (coordinated through Laura Barber)
- ☐ Other (please specify): _____

NOTE: Submit your requests well in advance of the proposed trip. Trips needing board approval (out-of-state and/or overnight) must be submitted no later than the Monday prior to the work session meeting, which is held on the third Monday of each month. The dates for the field trip must be after the date of the regularly scheduled business meeting, which is held on the fourth Monday of the month.

Please assure that parental permission is obtained and prepare procedures for the trip activities which ensure the safety and well-being of students, if needed.

TRANSPORTATION (Keystone bus/van ONLY—not school van)

Requested by: _____

Team: _____

Destination: _____

Date(s) of trip(s): _____

Number of Buses: _____ Driver: ☐ Keystone ☐ Coach

Place of Departure: _____

Time of Departure: _____

Paid By: ☐ Blue & White ☐ District