



STUDENT ACTIVITY TRIP

Check one: PHS TMS OES PES TES

Teacher(s): _____ Date: _____

Date of Field Trip: _____ Destination: _____

Address: _____ Telephone: _____

Time of Departure from School: _____

Time of Return to School: _____

Mode of Travel:

School Bus – call 541-201-3153 to see if a bus is available

- *Send this completed form to Bus Barn two weeks in advance. Fax: 541-535-6245*

Number of buses needed: _____ **Number of students participating:** _____

Private Vehicles: *Every volunteer driver must complete the Volunteer Auto Use Permit Form. It will remain active all school year. Return forms to the office before the field trip.*

City Bus: *Notify Rogue Valley Transit: 541-779-2877*

Walking

Anticipated expenses:

Funds to be used:

Admission Charge: _____ Student Body Account: _____

Travel: _____ PO Money

Other: _____ Students Pay

Briefly describe how this field trip relates to your curriculum and is educationally beneficial for your students:

Approved

Not Approved

Principal Signature

Date