IN-STATE TRANSPORTATION TRIP REQUEST

Policy: IJOA

M.S.A.D. NO. 75 recognizes the importance of school-sponsored trips as a means of reinforcing and supplementing the instructional program. It is the intent of the School Committee that all trips be well-planned and organized to ensure that:

- *Trips are related to curriculum*
- *All behavioral policies are followed*
- *Appropriate safety measures and precautions are taken*
- *Bus roster is maintained with a duplicate copy at school*
- *Necessary Administrative permission is granted*
- *Written parental/guardian permissions are obtained*
- *Appropriate funding is available*
- *Medical concerns are recognized and accommodated*

Please note, this form is NOT to be used for out of state, overnight or water activity based trips. Please complete an Extended Trip Form for those events. * FORMS MUST BE SUBMITTED 10 DAYS IN ADVANCE

Requirements:

At least one teacher or other responsible adult must accompany every 10 students at the elementary level, 15 students at the middle school level and 20 students at the high school level.

Date of Trip:_____

School:_____ Grade:_____ Teacher:_____
Group name:_____
Contact Person:_____ Phone Number: _____
Number of Adults:_____ Number of Students:_____
Educational Reason:_____
_____

Destination & Address:_____
City, State:_____
Specific Drop off/Parking Instructions, if applicable: _____
_____

Transportation: *The Transportation Department will determine the best vehicle based on numbers and capacity. For day trips, arrival to school is **no later than 1:15pm**. If there are multiple locations/stops, please provide a detailed itinerary attached to this form for approval.*

☐ BUS
Depart time from school: _____
Pick up time at destination: _____
Drop off time at school: _____

Please indicate any special requests *(wheelchair accessible, storage space, equipment etc.)*
_____
_____

☐ WALKING Depart from school: _____ Return to school: _____
☐ Lunch request forms will be sent to parents
☐ Kitchen Manager notified
☐ CPR/First Aid Staff Attending Name:_____

Approval of Principal:_____ Date: _____

Revised 9/2/25