Emmett School District #221

BUS TRANSPORTATION REQUEST FORM

School: _____ Today's Date: _____

Teacher: _____ **Date of Trip:** _____

Group: _____ Begin Loading Passengers: _____ A.M. P.M.

# of Students: _____ Depart for Destination: _____ A.M. P.M.

# of Adults: _____ Arrive at Destination: _____ A.M. P.M.

Driver: Stay With Bus ☐ Depart From Destination to School Or Original Site: _____ A.M. P.M.

Driver: Can Drop Off & Return ☐ Arrive Back at School or Original Site: _____ A.M. P.M.

Cell Phone Number of Administrator/Teacher/Coach that will be riding the bus: _____

Description of Trip:(Location, Extra Stops, Time, Etc) _____

Purpose of Trip: _____

Content Standards Reference Number: _____ Relevant Curriculum Attached ☐

FIELD TRIP TRACKING DETERMINATION

Yes ☐ No ☐ Does this trip take place on a school day? (Monday-Thursday)

If "Yes", buses can load as early as 8:45am & need to return to original site by 2:15pm.

Yes ☐ No ☐ Does any portion of the trip require overnight stay?

Yes ☐ No ☐ Is any portion of the trip competitive?

Yes ☐ No ☐ Is any portion of the trip considered an out-of-community student performance?

Yes ☐ No ☐ Is any portion of the trip considered an award?

Yes ☐ No ☐ Is any portion of the trip considered a recreation event (excluding H.S. Lifetime sports)?

Yes ☐ No ☐ Is any portion of the trip considered a social event?

Yes ☐ No ☐ Is any portion of the trip considered club affiliated?

Yes ☐ No ☐ This field trip is educational and curriculum driven? ***If "Yes", please attach curriculum.***

Yes ☐ No ☐ Will everyone in the class have an opportunity to participate?

Yes ☐ No ☐ Will the student's (classroom) grade be affected?

If "Yes", for state auditing purposes explain exactly how student's grade will be affected:

_____

_____

_____
Teacher Signature

_____
Administrator Signature

Who is the Contact for Billing: _____

Purchase Order #: _____

Funding Source: _____

"MUST" have a P.O.# and Funding Source to reserve a bus.

FOR BUS SHOP USE ONLY

☐ Reimbursable Trip
☐ Non-Reimbursable Trip
☐ Athletic Activity Trip

Bus # _____ Total Miles _____

Revised: 1/15/2026