

Fayette R-III School District Field Trip Request Form

Teacher: _____ **Class or Club:** _____
Date of Request: _____ **Date of Trip:** _____
Destination: _____
Location Name: _____
Address: _____
City: _____ **State:** _____
Bus Needed: Yes No Will need in inclement weather
Lunches Needed: Yes No **Substitute Needed:** Yes No
Departure Time: _____ **Return Time:** _____
Number of Students: _____ **Number of Adults:** _____

Please note: Drivers must be informed that the school district does not provide car insurance and drivers are to transport only the total number of passengers designated by their car size (such as a 4-passenger vehicle).

Explain any other arrangements you have made with other teachers, such as switching lunch shifts, duties, etc.

Objectives for the trip:
Activities during the trip:
Follow up will consist of:

Approvals

Principal: _____ Date: _____
 Superintendent: _____ Date: _____
 Bus Supervisor: _____ Date: _____

<i>Bus Driver Section Only</i>		Driver Name: _____	
Departure Time		Beginning Miles	
Return Time		Ending Miles	
Total Drive Time		Total Miles	