

Original copy – Principal
Green copy will be given to requester

BOYERTOWN AREA SCHOOL DISTRICT
Boyertown, Pennsylvania
TRANSPORTATION/FIELD TRIP REQUEST

TRIP#: _____
VAN#: _____
(For Office Use Only)

Teacher's Name _____ Date Submitted _____
(List All Teachers Involved)

Class and/or Subject _____ Number of Students _____ School _____

Date of Trip _____ Destination _____

State educational objectives of trip: _____

Describe educational activities students will be involved in: _____

What follow-up activities and evaluation will occur in the classroom after the trip experience? _____

What other locations offer a similar educational experience at less distance from your school? _____

Estimated cost to each pupil personally \$ _____ Admission Costs/Fees \$ _____

Substitute needed: Yes _____ No _____ Date Substitute Needed _____

____ Approved _____ Denied _____ Date _____ Supervisor/Department Chairperson

____ Approved _____ Denied _____ Date _____ Building Principal

Comments: _____

Departure Time _____ First Destination/Arrival Time _____

Departure Time Last Destination _____ School Arrival Time _____

Mode of Transportation to be used: _____ School Bus _____ School Van* _____ Chartered Bus* _____ Other (Specify) _____

*Teacher/Sponsor is responsible for making arrangements for use of these vehicles.
Teacher/Sponsor is responsible for directions. Directions must accompany this request.

Specific Location of Loading Place: _____

of Buses _____ # of Chaperones _____ Bus Driver Time _____ Distance (mileage) round trip _____

Date: Request Approved _____ Request Denied _____

If denied, reason: _____

Request must be submitted to building principal three weeks prior to the date of the proposed trip and forwarded to
Transportation one week prior to the trip.
(Non-field trip requests for transportation should use same form)