Original copy – Principal

Green copy will be given to requester

BOYERTOWN AREA SCHOOL DISTRICT
Boyertown, Pennsylvania

TRIP#: _____

VAN#: _____
(For Office Use Only)

TRANSPORTATION/FIELD TRIP REQUEST

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)