

# REQUEST FOR FIELD TRIP & TRANSPORTATION

DAY & DATE(S) OF TRIP \_\_\_\_\_ GROUP NAME \_\_\_\_\_

\_\_\_\_\_ GROUP ADVISOR \_\_\_\_\_

REASON FOR REQUEST \_\_\_\_\_ FIELD TRIP \_\_\_\_\_ CONFERENCE \_\_\_\_\_ OTHER \_\_\_\_\_

VEHICLE REQUESTED? \_\_\_\_\_ CAR \_\_\_\_\_ BUS \_\_\_\_\_ W/ DRIVER \_\_\_\_\_ W/O DRIVER \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_ RETURN TIME: \_\_\_\_\_

# OF STUDENTS \_\_\_\_\_ NAME(S) OF TEACHER(S) \_\_\_\_\_

# OF TEACHERS \_\_\_\_\_

# OF CHAPERONES \_\_\_\_\_ NAME(S) OF CHAPERONE(S) \_\_\_\_\_

PURPOSE, GOAL, OR OBJECTIVE OF TRIP: \_\_\_\_\_

RETURN THIS FORM TO THE **MAIN OFFICE** AT LEAST **3 WEEKS PRIOR** TO DATE OF TRIP. A LIST OF STUDENTS MUST BE ATTACHED.

DATE RECEIVED: \_\_\_\_\_

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APPROVALS: BUSINESS MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERINTENDENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
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TRANSPORTATION DEPARTMENT: VEHICLE(S) ASSIGNED: \_\_\_\_\_

DRIVER(S) ASSIGNED: \_\_\_\_\_

COPY TO \_\_\_\_\_ ADVISOR \_\_\_\_\_ DISTRICT OFFICE \_\_\_\_\_ DRIVER \_\_\_\_\_