

Distribution:
____ DiPace
____ Green
____ Keller
____ Hilts

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 **DISTRICT OFFICE** AT LEAST **3 WEEKS PRIOR** TO DATE OF TRIP. A LIST OF STUDENTS MUST BE ATTACHED.

DATE RECEIVED:

APPROVALS: BUSINESS MANAGER: _____ DATE: _____

SUPERINTENDENT: _____ DATE: _____

TRANSPORTATION DEPARTMENT: VEHICLE(S) ASSIGNED: _____

DRIVER(S) ASSIGNED: _____

COPY TO _____ ADVISOR _____ DISTRICT OFFICE _____ DRIVER