

2016 - 2017
TEACHER REQUEST FOR FIELD TRIP TRANSPORTATION

Please complete and send to the Superintendent at least 21 days before the actual trip.

Name of school _____

Name of teacher _____

Name of person responsible In case of an emergency

Grade of group _____

Number of students _____

Number of buses _____

Date(s) of trip _____

Departure point _____

Destination _____

Estimated distance _____

Time leaving _____

Time returning _____

Chaperones: _____

Non Employees must have an
Approved Volunteer Background

Check on file with the School _____

District at least one week prior
To field trip _____

Comments, including
reason for taking trip

Signature of Principal _____ Date _____

Superintendent Approval _____ Date _____

APPROVAL REQUIRES COMPLETION OF BOTH SIDES OF THIS DOCUMENT

Revised August, 2016