

2023-2024
TEACHER REQUEST FOR FIELD TRIP TRANSPORTATION

Please complete and send to the Accounts Payable Coordinator at least 21 days before the 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 school _____

Time leaving event _____

Time returning to school _____

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/ _____

Reason for trip: _____

Signature of Principal _____ Date _____