



Trip Request Form

2016/2017

Trip request forms must be filled out completely and submitted at least 1 Month Prior to date requested to assure availability. Trips are assigned on a first come first serve basis.

Teacher Requesting Trip: _____ Date of Request: _____

School Pick up Point: _____ Grade: _____

Date of Trip: _____ Is Substitute Needed: _____

Depart Time: _____ Return Time: _____ Stop for Lunch: Yes ___ No ___

♦ **Field Trip Hours: Buses can leave no earlier than 7:30am and must return no later than 2:00pm to be on time for HS/MS Pm Routes.**

Number of Buses Needed: _____ Number Attending: _____

♦ **Buses accommodate 51 students per bus with 2 per seat.**

Destination (s): _____

1. Describe Trip:

2. Purpose of Trip:

3. Preparation: Class learning experiences that will precede trip:

4. Follow-Up: Classroom follow-up activities that summarize, incorporate, and evaluate the learning experience of the trip:

5. Expenses: List cost per student or source of funding:

_____ Approved / Disapproved _____

Principal Signature

Date Sent

_____ Approved / Disapproved _____

Transportation Signature

Date Approved/Disapproved