

FIELD TRIP REQUEST FORM

REQUEST MUST BE SUBMITTED FOR APPROVAL AT LEAST 20 DAYS PRIOR TO TRIP
FIELD TRIPS WILL NOT BE SCHEDULED TO CONFLICT WITH REGULARLY SCHEDULED ROUTES

TRIP DATA:

SPONSOR (SCHOOL) \_\_\_\_\_ (GROUP) \_\_\_\_\_
DEPART FROM: \_\_\_\_\_ ESTIMATED TOTAL MILEAGE \_\_\_\_\_
DESTINATION (INCLUDE ALL STOPS FOOD, LODGING, ETC) \_\_\_\_\_

ATTACH A LIST OF ALL STUDENTS THAT WILL BE RIDING THE BUS.

DEPARTURE: DATE \_\_\_\_/\_\_\_\_/\_\_\_\_, TIME \_\_\_\_\_ RETURN DATE \_\_\_\_/\_\_\_\_/\_\_\_\_, TIME \_\_\_\_\_
TOTAL NUMBER OF: \_\_\_\_\_ Students \_\_\_\_\_ Teachers \_\_\_\_\_ Chaperons
Type of Transportation and number of buses required: \_\_\_\_ CBSS School Bus \_\_\_\_ Buses Owned by individual school
\_\_\_\_\_ Personal Vehicle \_\_\_\_\_ Name of Private Carrier
(For personal vehicles or Private Carriers Attach Certificate of Insurance) All out of state trips must be approved by the COBSS Board
\*\*\* (You Must Attach the personal vehicle form) \*\*\*
Teacher(s) conducting Trip (Place a \* beside names of experienced chaperons): \_\_\_\_\_

Purpose and Plans: \_\_\_\_\_

Approved: \_\_\_\_\_ (Principal or Designee) \_\_\_\_\_ (DATE)

The Above Trip Information Has Ben Evaluated and is Classified As:

TRIP TYPE: ( ) Educational or ( ) Non-Educational

APPROVED: \_\_\_\_\_
DIRECTOR OF INSTRUCTION \_\_\_\_\_ DATE \_\_\_\_\_ SUPERVISOR OF TRANSPORTATION \_\_\_\_\_ DATE \_\_\_\_\_
FUNDING ( ) School funded or ( ) Special Education ( ) General Fund (School Board) ( ) Federal Programs ( ) Externally funded
(Please explain)

\*\*\*\*TAG ACCOUNT# \_\_\_\_\_ Approval of funding: \_\_\_\_\_ Date: \_\_\_\_\_
(Signature of funding Representative)

Comments: \_\_\_\_\_

WHEN USING COBSS BUSES THIS REQUEST MUST BE SUBMITTED TO THE TRANSPSPORTATION DEPARTMENT

VERIFICATION TRIP WAS MADE AS SCHEDULED

DRIVER NAME \_\_\_\_\_ ID # \_\_\_\_\_ TOTAL HOURS \_\_\_\_\_

DEPART DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

ODOMETER READING: DEPARTURE \_\_\_\_\_ RETURN \_\_\_\_\_ TOTAL MILEAGE \_\_\_\_\_

SIGNATURE OF SCHOOL SPONSOR \_\_\_\_\_ DATE \_\_\_\_\_

DID THE BUS LEAVE? \_\_\_\_\_ DRIVER INITIAL \_\_\_\_\_

SUPERVISOR OF TRANSPORTATION \_\_\_\_\_ DATE \_\_\_\_\_

TO BE FILLED OUT BY TRANSPORTATION

TRIP #: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_ @ \$ \_\_\_\_\_ PER HR/ PER DRIVER = \_\_\_\_\_ TOTAL MILEAGE \_\_\_\_\_ @ \$ \_\_\_\_\_ PER MILE/EPER BUS = \_\_\_\_\_

TOTAL COST OF FIELD TRIP \_\_\_\_\_ SEND COPY OF PAYMENT TO THE TRANSPORTATION DEPARTMENT

PAID: CHECK NUMBER \_\_\_\_\_ DATE: \_\_\_\_\_