

TRIP REQUEST
CO-CURRICULAR/EXTRA-CURRICULAR

Advisor _____ Group _____

Date of Request _____ Date of Trip _____

Destination _____

Purpose of Trip _____

Departure Time _____ Return _____

District Cost _____ How Funded _____

Student Cost _____ How Paid _____

Means of Transportation _____

No. of Staff _____ No. of Chaperones _____

Trip Approved: _____
Signature

Bus
Scheduled: _____
Signature

Trip Disapproved: _____
Signature

The staff member in charge will have a COMPLETED EMERGENCY MEDICAL FORM for each student on the trip.

Signature

TRANSPORTATION DEPARTMENT

(To be completed by the originator of the field trip)

Date of Trip: _____ Destination: _____

Departure Time: _____ Return Arrival Time: _____ Number of Buses: _____

Certification

This is to certify that this trip, as requested, is in conformity with the administrative guidelines established by the District as well as any applicable State regulations.

Date: _____ Signature: _____ Business Office

Trip Confirmation

This trip has been approved and scheduled. Drivers assigned are:

Bus Driver Report

This is to certify that the above trip was made and to request payment under the Board of Education policies.

Date: _____ Bus No.: _____ Total time of trip: _____

Speedometer reading at start of trip: _____ End of trip: _____

Start time: _____ Return time: _____

Total miles traveled on this trip: _____ Total gallons of gas used: _____

Remarks:

Driver's signature: _____

Distribution:

- 1 - Each bus
- 1 - Transportation Supervisor
- 1 - Originator after assignment of buses

Field Trip No.: _____