

Vehicle/Field Trip Request



Date of Trip _____

Departure Time _____

Return Time _____

Name _____

Class/Grade _____

Destination _____

Type of Vehicle: _____ School Van (Teacher driven? Yes* ___ No ___)
_____ School Bus * Driver's License # _____
_____ Personal Vehicle

Depart from: _____ South Door - H.S.
_____ Rear parking lot

Number attending: _____ Students
_____ Adults

***NOTE: You MUST submit a class list with this request. After the trip, submit another class list and cross off the names of any students who did not go on the trip, turn this into Janet Sloman. Also, DO NOT FORGET to list your Name & the specific Class/Grade in the upper portion of this form.**

Describe the educational benefits and list the applicable State Standards of this field trip:

Will a substitute be necessary? _____ Yes (# of days) _____ No

Is this a PTO-funded trip? _____ Yes* _____ No
*If yes, you must complete a PTO payment order!

Principal's Signature

Date

____ Approved
____ Not Approved

Transportation Supervisor's Signature

Office use only:
Expense billed to organization?
Miles _____ Driver _____