

Trip Request Form

THIS REQUEST MUST BE RECEIVED AT THE BUS GARAGE SEVEN (7) DAYS PRIOR TO DEPARTURE DATE.

Date Requested _____ Date of Bus Trip _____

Destination _____

Pickup Point _____

Departure Time _____

Return Time _____

Round Trip Mileage _____

Sponsored By _____

Person in Charge _____ Number of Chaperones _____

Staff member(s) designated to administer medication if necessary: _____

Names of Chaperones Designated by the Principal _____

Have all chaperones undergone the required records check and been designated by the Principal/Designee to supervise students? Yes No

Number of Pupils _____ Budget Code _____

Group _____ Field Trip Roster sent to School Nurse

Please check one: Bus

Is this request for: Competition Non-Competition

Driver/Bus Number (To Be Assigned by Transportation Manager) _____

Approved By _____ Principal/designee.

Bus Number/Driver Approved By _____, Transportation Manager

Comments: _____

*Trip sponsor should plan trip prior to leaving (maps, routes, building, pickup points of arrival and departure, etc.) and give to driver prior to departure.

** Driver has been informed not to depart unless above information is complete and accurate.

Copies: White – File Copy for Principal

Remaining copies to Transportation Manager at Bus Compound.

RELATED PROCEDURE:

09.36 AP.1 (See section on **TEACHER’S RESPONSIBILITIES**)

09.36 AP.211

Review/Revised:4/23/13