



Regular/Extended Day Field Trip Request Form

Administrative Procedure: 632.1

Section: 600 EDUCATION PROGRAMS

Date Adopted: 10/26/1989

Date Revised: 03/25/22

Date Reviewed: 1/8/2001, 6/8/2015, 8/10/2015, 10/16/15, 6/20/2017, 03/25/2022

SECTION 1

(Section I of this form must be submitted to the Transportation Office no later than Tuesday at 4:30 p.m. the week prior to the scheduled trip.)

Transportation Department Use Only:

Date Received: _____

Trip Number: _____

Date of request: _____ Person Requesting: _____
School/Group or Class: _____ Pick up door: _____ N E S W
Contact person: _____ Phone number: _____

CODING INFORMATION

Either a District Code *must* be filled out below:

District account code: E - _ _ _ _ _

Description of trip: _____ Description of code: _____

If the district is being reimbursed by an outside funding group (i.e. PTAC), please complete the billing contact information:

Name of Funding Group

Street, City, State and Zip

Billing Contact, Phone Number and Email

TRANSPORTATION INFORMATION

School Bus Lift-equipped Bus Type III Bus Motor Coach Trailer

Special needs equipment necessary (Star seat or Zipper vest): YES NO

If yes, list the name of student. Attach spreadsheet list with student name and equipment.

Number of buses needed: _____ Total number of passengers: _____

Elementary students _____; Secondary students _____; Adults _____ Students in wheel chairs: _____

Date of departure: _____ Date of return: _____ (If different from date of departure)

Destination name and address: _____

Load time: _____ AM PM Depart time: _____ AM PM

Return load time: _____ AM PM Estimated return time: _____ AM PM

Authorization Signature: _____
(Principal/Supervisor/Spec. Ed. Rep. Signature Line)

(Please Print Name Legibly)

SECTION II*

FINAL TRIP INFORMATION FOR BUILDING PRINCIPAL/SUPERVISOR

Purpose of the trip:

Please explain the educational value of the trip and how the trip is related to course content and/or graduation standards:

_____ 1. Roster of students going on trip, including separate list of students NOT going with a class/section
if applicable; provide a copy of this roster to the school bus driver while boarding. Staff / Teacher / Coach / Chaperone will be responsible for student accounting on all trips.

_____ 2. List of staff/chaperones accompanying students;

_____ 3. Trip itinerary including estimated timelines, activities, accommodations (if applicable), emergency phone numbers, expenses and cost of trip for individual students; and

_____ 4. Accommodation plans for students with an IEP or 504 plan.

*** Not required if this is an athletic event or meet scheduled on a regular school day**

Authorization Signature: _____(Principal/Supervisor/Spec. Ed. Rep. Signature Line)

_____(Please print name legibly)