



# Independent School District 152



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## Regular/Extended Day Field Trip Request Form

**Administrative Procedure:** 610.1

**Date Adopted:** 10/26/1989

**Date Reviewed:** 7/24/24

**Section:** 600 EDUCATION PROGRAMS

**Date Revised:** 7/24/2024

### SECTION 1

(Section 1 of this form must be submitted to the Transportation Office no later than Tuesday at 4:30 p.m. two weeks 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 **OR** a Student Activity 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

Vehicle type requested: \_\_\_\_\_

(school bus, lift-equipped bus, Type III bus, motor coach, etc.)

Special needs equipment necessary (i.e., child safety restraint system, specialty harnesses, etc.): YES NO

If yes, list the name of student/MARRS number needing special equipment: \_\_\_\_\_

Number of buses needed: \_\_\_\_\_

Elementary students \_\_\_\_\_; Secondary students \_\_\_\_\_; Adults \_\_\_\_\_ Students in wheel chairs: \_\_\_\_\_

Total number of passengers: \_\_\_\_\_

Date of departure: \_\_\_\_\_

Date of return: \_\_\_\_\_  
(If different from the date of departure)

Destination name/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. A roster of students going on the trip, including a 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 the 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.)

\_\_\_\_\_  
(Please print name legibly)