

REQUEST FOR SCHOOL TRIP

TEACHER _____

DATE: _____

GRADE OR GROUP _____

DATE OF TRIP _____

OF STUDENTS _____

DESTINATION _____

SPECIFIC PURPOSE OF TRIP _____

OF TRIPS THIS GROUP HAS MADE THIS YEAR _____

METHOD OF TRANSPORTATION: _____

MILEAGE _____

TO BE COMPLETED BY TEACHER OR PRINCIPAL

OF BUSES NEEDED _____ TIME OF DEPARTURE _____ TIME OF RETURN _____

DRIVER _____ SUPERVISOR _____ SAFETY COUNCIL MEMBER _____

DRIVER _____ SUPERVISOR _____ SAFETY COUNCIL MEMBER _____

DRIVER _____ SUPERVISOR _____ SAFETY COUNCIL MEMBER _____

() APPROVED () NOT APPROVED FOR THE FOLLOWING REASON(S) _____

PRINCIPAL'S SIGNATURE _____ DATE _____

SUPERINTENDENT'S SIGNATURE _____ DATE _____

YOU MUST FILL OUT THIS FORM COMPLETELY AND GET APPROPRIATE SIGNATURES. SEND THIS TO CENTRAL OFFICE FOR APPROVAL AND THEN YOU MAY PROCEED WITH YOUR TRIP PLANS