

FRANKLIN COUNTY SCHOOLS TRANSPORTATION DEPARTMENT
REQUEST FOR FIELDTRIP-FORM A

ROBERT SMITH, DIRECTOR

Jackequaul Smith, SECRETARY

Please follow these directions in completing this form:

1. The form should be completed about one month but no less than THREE weeks prior to the trip. Please submit form B with this form to your building principal for their approval.
2. Upon approval by your building administrator, he/she will submit your forms to the Transp. Office.
3. Upon approval by the Transportation Director the forms will be sent to the District Central Office.
4. After action by the school board (if out of state) or by the Superintendent you will be notified regarding approval.

Purpose of the trip: _____

Date of Departure: _____ Time of Departure: _____

Destination: _____

Route to be followed: _____
(Please note that you cannot change your destination or route plan to go somewhere other than your destination.)

Date of Return: _____ Time of Return: _____

Number of pupils to be transported: _____ Chaperones: _____

Name (s) of Supervising Faculty Member (s) _____

Name of Safety Council member for the trip: _____

Have you contacted a bus driver: _____ If yes, name of driver: _____

Requested by: _____
(Signature of Principal)

Date: _____

Robert Smith, Transportation Director

Approval Date

Chris Kent, Superintendent

Approval Date

Driver(s) assigned to this trip: _____

Approximate Cost of the trip: \$ _____ (To be filled in by the Transportation Department)
(Revised 10-6-17)