

PETERMANN/MT. HEALTHY TRANSPORTATION

2017-2018 FIELD TRIP REQUEST

****REQUEST MUST BE FULLY APPROVED & RECEIVED BY TRANSPORTATION AT LEAST TWO WEEKS BEFORE TRIP DATE****

Prior To Trip:

TO BE COMPLETED BY TEACHER/SPONSOR

TODAY'S DATE:		TEACHER/SPONSOR:			
SCHOOL/GROUP INVOLVED:					
DATE OF TRIP:		NO. OF STUDENTS:		NO. OF ADULTS:	
				TOTAL:	
TRIP DESTINATION:					
ADDRESS OF DESTINATION:					
NO STOPS WILL BE MADE UNLESS APPROVED BY DISTRICT DESIGNEE & TRANSPORTATION IN ADVANCE.					
LEAVE:		TIME:		ESTIMATED RETURN TIME:	
<small>LOCATION FOR DRIVER TO WAIT TO BEGIN TRIP</small>		<small>BEGIN TIME</small>		<small>END TIME</small>	
CORRELATION WITH CURRICULUM:					
EACH STUDENT MUST HAVE A PERMISSION SLIP TO RIDE THE BUS FOR EACH TRIP					
I UNDERSTAND THAT PERMISSION SLIPS MUST BE COLLECTED FOR EACH STUDENT PRIOR TO TRIP?					INITIAL:
PLEASE CIRCLE ONE:	BUS WILL STAY FOR TRIP / BUS WILL DROP OFF ONLY / BUS WILL PICK UP ONLY				
HANDICAP ACCESSIBLE:	YES / NO	IF YES, PLEASE DESCRIBE NEED:			

TO BE COMPLETED BY SCHOOL ADMINISTRATOR

NO. OF BUSES:		<input checked="" type="checkbox"/>	EST. HRS:		<input checked="" type="checkbox"/>	45.02/HR	=	EST. COST: \$	
THERE IS A TWO HOUR MINIMUM ON ALL TRIPS. TRIPS CANCELLED WITHOUT NOTICE ARE SUBJECT TO CHARGE.									
SOURCE OF PAYMENT:								PO #:	
PRINCIPAL APPROVAL:								DATE:	

TO BE COMPLETED BY BOARD DESIGNEE

BOARD OFFICE APPROVAL:		DATE:	
<small>SUPERINTENDENT / DIRECTOR - ADMIN. SERVICES / ATHLETIC DIRECTOR</small>			

Day Of Trip:

TO BE COMPLETED BY TEACHER/SPONSOR

<small>TIME ARRIVED BACK AT SCHOOL</small>	<small>SIGNATURE OF TEACHER / SPONSOR</small>

TO BE COMPLETED BY BUS DRIVER

NAME:		DESTINATION:			
DATE:		BUS NO:		NO. OF STUDENTS:	
				NO. OF ADULTS:	
				TOTAL:	
ODOMETER READING AT TRIP START:				TIME:	
ODOMETER READING AT DESTINATION:				TIME:	

ODOMETER READING AT TRIP END:		TIME:	
COMMENTS:			
DRIVER SIGNATURE:		REVISED: 6/2016	