

**BRANDYWINE COMMUNITY SCHOOLS
FIELD TRIP/SCHOOL BUS REQUEST**

SUBMIT THIS REQUEST TWO WEEKS PRIOR TO DATE OF TRIP

I request the use of a school bus to transport (group) _____

To (destination) _____

At (address) _____

On (day) _____ (date) _____ (time) _____

Return at (time) _____ We will leave from (building) _____

There will be: _____ students _____ adults _____ wheelchairs

Reason for trip: _____

Educational objective: _____

Pre and post class activities that will enhance the educational value of this trip: _____

Teachers: _____

Will you need a sub? NO _____ YES _____ If yes, what hours? _____

Submit to principal for approval. Date approved: _____

Principal



Teacher _____

Departure Time _____

Teacher _____

Return Time _____

Driver _____

Bus Number _____

Beginning Odometer _____

Ending Odometer _____

Total Drive Time _____

Total Stand-by Time _____