

TRANSPORTATION FOR FIELD TRIP REQUEST

Complete and submit to the transportation office at least two weeks prior to your scheduled trip.

Date: _____

School: _____

TRIP INFORMATION:

Date of trip: _____ Destination: _____

Departure time from school: _____ AM or PM Pick up location at school: _____

Number of students & adults taking trip _____ Is wheel chair bus needed? YES or NO (circle one)

Is a Drop-off and Pick-up desired? YES or NO (circle one)

If yes, what time do you need Pick-up? _____ AM or PM

Return time to school from event: _____ AM or PM

Name of supervising teacher: _____

Supervising teacher is responsible for bus parking fees, directions to event, cancelling buses, etc.

Title of class or name of group: _____

Objective of activity: _____

Have arrangements been made with host agency? YES or NO (circle one)

Telephone number you can be reached in case of emergency: _____

ESTIMATED COST WORKSHEET:

DRIVE TIME: 38.45/hour

MILEAGE: 2.26/mile

a) # of miles _____ at \$ 2.26 per mile = _____

b) # of trip hours _____ at \$ 38.45 per hour = _____

c) # of buses requesting _____

d) a) _____ + b) _____ x c) _____ = _____

Elementary buses maximum 65 students – Middle School buses maximum 55 students

High School buses maximum 50 students

Supervising teacher signature: _____ Date: _____

Account Code: _____ Administrator Signature: _____

TRANSPORTATION USE ONLY:

Approved: _____ Denied: _____ # of buses _____

Comments: _____

Signature: _____ Date: _____