FIELD TRIP REQUEST FORM

Teacher	School/Class				
Request Date	Trip Date	Destination			
Number of Students	Number of Staff/Chaperones				
Purpose of Trip					
Course of Study			· · · · · · · · · · · · · · · · · · ·		
		ished:			
	ill Confirm Achieve	ment of the Learning Objectiv			
Course Objectives Relate	ed to the Learning (
•					
Post Trip Activities/Lesso		tend Learning:			
		in, conduct, and evaluate the F2 or F2A) and use the Check	trip and, upon approval of the dist for Trips (2340 F3).		
Field Trip Approval					
Trip Approved:Tri	p Disapproved:	Principal:	Date:		
Trip Approved:Tri	p Disapproved:	Superintendent:	Date:		

(Over)

TRANSPORTATION DEPARTMENT

(To be completed	by the originator of t	he field trip)	
Date of Trip:	De	estination:	
Departure Time:_	Retur	n Arrival Time:	Number of Buses:
		CERTIFICA	TION
	that this trip, as e District as well as a		conformity with the administrative guidelines ate regulations.
Date:Signatu		re:	Business Office
This trip has been	approved and sche	duled. Drivers a	ssigned are:
		<u>. </u>	
		Due Dubres I	
		Bus Driver F	·
This is to certify to policies.	that the above trip w	as made and to	request payment under the Board of Education
Date:	Bus No	_ Total time of t	rip:
Speedometer read	ding at start of trip: _		End of trip:
Start time:		Return time _	
Total miles traveled on this trip:			Total gallons of gas used:
Remarks:			
Driver's signature	;		
Distribution: 1 - Each bus 1 - Transportation 1 - Originator afte	n Supervisor rr assignment of buse	es	
Field Trip No.:			