

Field Trip Request

Teacher _____ Class _____ Date of Request _____

Date of Trip _____ Departure Time _____ Return Time _____

Location of Trip _____

Purpose of Trip _____

#of Students _____ #of Adult Supervisors _____

***When taking a field trip please notify the cafeteria if students will not be eating lunch.**

****Always notify School Nurse when going on a field trip.**

Transportation Request

_____ Van(11) Bus(44) _____

Name of Driver(s) of van (Must be 21 years of age and on a University Schools Contract):

Group Taking Trip _____ Destination _____

Date of Trip _____ Departure Time _____

Date of Return _____ Return Time _____

Number of Students _____

Transportation will be paid by (check one):

_____ Money collected from students (submit to office before trip).

_____ Class fees or budget.

Keys to vans will not be available on Saturdays or Sundays. If you are using a van on the weekend, check with the Athletic Director to schedule a time to pick up keys and credit card (if necessary) on the Friday prior to your trip.

Mileage

Beginning Miles _____ Ending Miles _____ Total Miles _____ X \$1.50 Van/\$3.00 Bus = _____

Turn money for mileage into Business Manager for trip.

Director's Signature _____

Date: _____

FOR SCHEDULING A SUB PLEASE FILL OUT A LEAVE REQUEST FORM AND SUBMIT TO Kathy Bruning