## TRANSPORTATION REQUEST

\*\*To be submitted to Building Administrator at least six weeks in advance other than special circumstances\*\*

Purpose of Trip	
Date of Trip	Group Nos. to transport Approx. miles one way
	to be at destination by
Leave field trip side at	to be at school by
	BEEN APPROVED BY YOUR BUILDING ADMINISTRATOR?YesNo LIST BEEN SENT TO THE ATTENDANCE OFFICE?YesNo
IF CONFERENCE: HAS CONF	ERENCE REGISTRATION BEEN COMPLETED?YesNo
Staff member in charge:	/Substitute required:YesNo
Other Chaperones:	/Substitute required:YesNo
Other issues (e.g. eating pla	ns, side trips, handicapped child, medical issues):
	Date: Approved by Date: Area Admin.
**************************************	***************************************
For District Office & Gara	ge Use
Trip approved by	Date Approved
	District Office Administrator
Type of vehicle to be assigr	ed:Small BusLarge BusSuburbanHandicap Bus
Assigned buses	Drivers
Comments, Concerns, Direct CC: Nurse, Tracy Sullivan	tives:
*******	***************************************
checklist (form) can be obtained	Please complete the separate Elementary Field Trip Checklist. A copy of this d at the elementary office or from Elizabeth McKenzie.
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Middle and High School Che	
<ul> <li>(1) Notify Nurse</li> <li>(2) Notify Parents</li> <li>(3) Permission Slips</li> <li>(4) Bus Request</li> </ul>	<ul> <li>(5) Notify Building Office (if substitute required)</li> <li>(6) Notify Attendance (list of students attending)</li> <li>(7) Notify Cafeteria (number of students attending)</li> </ul>

Notify S. Parish if Arts in Education Funding Source \_\_\_\_\_