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________________

**Place or Destination_____________________ Approx. miles one way_________________
Leave school at_______________________ to be at destination by ____________________
Leave field trip side at_____________________ to be at school by_____________________

IF FIELD TRIP: HAS THIS TRIP BEEN APPROVED BY YOUR BUILDING ADMINISTRATOR? ____Yes ____No
HAS STUDENT LIST BEEN SENT TO THE ATTENDANCE OFFICE? ____Yes ____No

IF CONFERENCE: HAS CONFERENCE REGISTRATION BEEN COMPLETED? ____Yes ____No

Staff member in charge: ___________________________/Substitute required: ____Yes ____No

Other Chaperones: _____________________________ /Substitute required: ____Yes ____No

Other issues (e.g. eating plans, side trips, handicapped child, medical issues):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Request made by ________________ Date: _______ Approved by _________ Date: _________
Area Admin.

(**Attach map, parking instructions or such as applicable)

**************************************************************************************************************

For District Office & Garage Use

Trip approved by _____________________________ Date Approved______________
District Office Administrator

Type of vehicle to be assigned: ___Small Bus   ___Large Bus   ___Suburban   ___Handicap Bus

Assigned buses    ________________________    Drivers    ________________________

Comments, Concerns, Directives: _________________________________________________

CC: Nurse, Tracy Sullivan

**************************************************************************************************

Elementary School Checklist: Please complete the separate Elementary Field Trip Checklist. A copy of this checklist (form) can be obtained at the elementary office or from Elizabeth McKenzie.

Middle and High School Checklist:

(1) Notify Nurse _____    (5) Notify Building Office _____ (if substitute required)
(2) Notify Parents _____    (6) Notify Attendance _____ (list of students attending)
(3) Permission Slips _____    (7) Notify Cafeteria _____ (number of students attending)
(4) Bus Request _____

Notify S. Parish if Arts in Education Funding Source ______