

___ Teacher
___ Principal
___ Transportation
___ District

STUDENT TRIP REQUEST FORM

Please note: This form must be received in the District Office by **September 15, 2016**. This form must be filled out using the computer.

TODAY'S DATE _____ DATE OF TRIP _____

DESTINATION _____

NUMBER OF MILES **ROUND TRIP** (as per Map Quest) _____

NUMBER OF STUDENTS _____

NUMBER OF ADULTS _____

TIME LEAVING _____ TIME RETURNING _____

SPONSOR OR SUPERVISOR _____

PURPOSE OF THIS TRIP _____

(check one) THIS TRIP IS _____ A FIELD TRIP **OR** _____ AN EDUCATIONAL TRIP*

** If this trip is an EDUCATIONAL TRIP, please complete the ISBE Regular Pupil Transportation Reimbursable Field Trips Worksheet prior to the trip and give to the District Office.*

NUMBER OF TRIPS THIS SPONSOR or TEACHER WILL BE TAKING THIS SCHOOL YEAR _____

TRANSPORTATION REQUESTED: CHECK ONE:

___ BUS

___ VAN (cannot exceed 14 plus driver) DRIVER _____

___ OTHER (please describe) _____

REMINDER: UP-TO-DATE LIST OF STUDENTS AND CHAPERONES MUST BE PROVIDED TO BUS DRIVER AS THE BUS IS LOADED...NO EXCEPTIONS. Please use the Field Trip Participants Form.

Requests should be approved in the following order:

PRINCIPAL APPROVAL _____ DATE _____

DIRECTOR OF TRANSPORTATION: YES _____ NO _____ DATE _____

SUPERINTENDENT APPROVAL _____ DATE _____