

FIELD TRIP / VEHICLE USE REQUEST

Submit 2 weeks prior to Anticipated Trip Date

Route: 1. Principal _____ 2.Transportation_____ 3. Food Sevice_____ 4. Requester

Submittal Date:	
Anticipated Trip Date:	
Requestors Name:	
Class:	
Purpose of Trip:	
Destination:	
Address Information:	
Schedule:	Departure Time_____ Return Time_____
Mode:	Van_____ Bus_____ Other_____
Students:	Number_____ Cost_____
Adults:	Number_____ Cost_____
Chaperones:	Number_____ Cost_____
Lunches Required:	Y_____ N_____ Number_____
Additional Information:	
Approvals:	Principal:_____ Date:_____ Transportation:_____ Date:_____
Notifications:	School Nurse:_____ Date: _____ Secretary:_____ Date: _____
<u>Please complete the following section when returning a van or pickup truck</u>	
Vehicle Assigned:	
Trip Date:	
Driver Name:	
Return Odometer Reading:	
Vehicle Maintenance Required:	

Return Vehicle full of fuel and remove all personal items and debris
Complete this form and return keys and form to TRANSPORTATION office upon return