

**FIELD TRIP/ EXTRA-CURRICULAR ACTIVITY
TRANSPORTATION REQUEST FORM**

Teacher's Name: _____ Today's Date: _____

Date of Trip/ Activity: _____ Day of Week: _____ Alternate Date: _____

School Building: _____ Group involved: _____

Destination #1: _____

Address: _____ City: _____ State: _____ Telephone: _____

Destination #2: _____

Address: _____ City: _____ State: _____ Telephone: _____

Please include an explanation of how the field trip ties in with curriculum and Illinois State Learning Standards:

USE EXTRA SHEETS IF NEEDED*

All field trips beyond a 200-mile radius of the school or extending overnight must have the prior approval of the School Board.

Departure Time: _____ Estimated return time: _____

Number of students: _____ Number of adults: _____

Vehicle (s) Requested

_____ Yukon

_____ Car

_____ Activity Bus

_____ School Bus

Is a driver needed?

_____ Yes

_____ No

Cafeteria contacted?

_____ Yes

_____ No

Are there any additional expenses that the school district is responsible for paying? If so, then please list the expense: _____

(Signature of person making request)

(Signature of Principal)

(Signature of Superintendent)

Please note that for end of the school year field trips, dates fill up fast. It would be wise to call the transportation secretary to make sure your date is available.

*A list of students who attended the trip will need to be turned in to the transportation office (see second page or attach list).

Field Trip Date

Supervisor

Grade or Group

Student Name

Student Name

1	41
2	42
3	43
4	44
5	45
6	46
7	47
8	48
9	49
10	50
11	51
12	52
13	53
14	54
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33	73
34	74
35	75
36	76
37	77
38	78
39	79
40	80

add an additional sheet if necessary