

TRIP REQUEST FORM

Teacher _____ School _____

Request Date _____ Trip Date _____ Destination _____

Number of Students _____ Number of Staff/Chaperones _____

Purpose of Trip _____

Course of Study _____

Specific Learning Objectives to be Accomplished:

Student Behaviors that will Confirm Achievement of the Learning Objectives:

Course Objectives Related to the Learning Objectives:

Pre-Trip Lessons/Activities to be Done in the Classroom:

Post Trip Activities/Lessons to Reinforce/Extend Learning:

I have utilized the guidelines in 2340A to plan, conduct, and evaluate the trip and, upon approval of the trip, I will obtain parental permission (2340 F2 or F2A) and use the Checklist for Trips (2340 F3).

Trip Approval

Trip Approved: _____ Trip Disapproved: _____ Principal: _____ Date: _____

Trip Approved: _____ Trip Disapproved: _____ Superintendent: _____ Date: _____

(Over)

TRANSPORTATION DEPARTMENT

(To be completed by the originator of the trip)

Date of Trip: _____ Destination: _____

Departure Time: _____ Return Arrival Time: _____ Number of Buses: _____

Certification

This is to certify that this trip, as requested, is in conformity with the administrative guidelines established by the Corporation as well as any applicable State regulations.

Date: _____ Signature: _____ Business Office

Trip Confirmation

This trip has been approved and scheduled. Drivers assigned are:

Bus Driver Report

This is to certify that the above trip was made and to request payment under the Board of Education policies.

Date: _____ Bus No. _____ Total time of trip: _____

Speedometer reading at start of trip: _____ End of trip: _____

Start time: _____ Return time _____

Total miles traveled on this trip: _____ Total gallons of gas used: _____

Remarks:

Driver's signature: _____

Distribution:

- 1 - Each bus
- 1 - Transportation Supervisor
- 1 - Originator after assignment of buses