

FIELD TRIP TRANSPORTATION REQUEST FORM

DATE: _____

School: Davenport Kingston Genoa Middle School High School

Name of Teacher(s) _____

Class(es) Attending _____

Date of Trip _____

Leave Time from School _____ Return Time At School _____

Destination _____

** If any special driving/parking instructions, please attach a copy.

Will students eat lunch at school? Circle: YES or NO

of Students Going _____

of Chaperons/Teachers Going _____

Number of Buses needed _____

Is a Substitute Needed? Yes No

(if yes, remember to call the District Sub-caller and complete an absence form)

Signature of Teacher

Signature of Principal

Signature of Transportation Director

Signature of Superintendent

A list of all students riding the bus on the day of the field trip must be turned in to the driver when the bus leaves on the trip.

Please describe the connections this field trip makes to State Standards.