



Teacher's Name: _____ Date of Request: _____

Purpose of Trip *(describe how the relates to classroom goals):*

Day & Date of Transportation Requested: _____ Destination: _____

Departure time: _____

Pick-up / Return time: _____

Return to school by: _____

Place of departure:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Howell High School | <input type="checkbox"/> Parker |
| <input type="checkbox"/> Highlander Way | <input type="checkbox"/> Pathway |
| <input type="checkbox"/> Three Fires | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Voyager | <input type="checkbox"/> Other: _____ |

Passengers *(list the number of students and adults in each category):*

Students	Students in need of oxygen	Students who needing suction	Students in Wheelchairs	Adults	Total Passengers
_____	_____	_____	_____	_____	_____

Administrative Approval

Principal or Director of Special Education

Date

Transportation Supervisor

Date

Bus Number(s)

Driver

Driver

Regular Run Cover / Sub Driver (if necessary)

Regular Run Cover / Sub Driver (if necessary)

Field Trip Approval

Teacher's Name: _____

Building: _____

Destination: _____

Place of departure:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Howell High School | <input type="checkbox"/> Parker |
| <input type="checkbox"/> Highlander Way | <input type="checkbox"/> Pathway |
| <input type="checkbox"/> Three Fires | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Voyager | <input type="checkbox"/> Other: _____ |

Approval: Yes No Date of Trip: _____

Times: *Departure:* _____ *Return:* _____