# GREENFIELD-CENTRAL COMMUNITY SCHOOL CORPORATION

**2017 – 2018**

**FIELD TRIP REQUEST FORM**

**Date of Trip**  **Depart Time from School** AM PM

 **Return Time to School** AM PM

School Class/Group

Destination Address

Number of Students \_\_\_\_\_Adults\_ \_\_ # of Buses Requested: 78P\_ \_\_\_ Mid Bus

Sack lunch provided for driver \_\_\_\_\_\_ # of Wheelchairs \_\_\_\_\_Car Seats\_\_\_ Special Needs Bus \_\_\_\_\_\_

 **Note: With 2 students per seat, buses can carry the following: 52 students per 78-passenger bus ~ 28 students and 3 wheelchairs per Special Needs bus.**

Exact Location of Pickup \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher in Charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alignment/Standard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Submitting Request and Responsible for Arrangements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**All trips should be planned to depart no earlier than 8:45am and return back at school no later than 1:30pm.**

**Requests must be submitted to the Transportation Department no later than fourteen (14) calendar days prior to the trip.**

**IF YOU HAVE NOT RECEIVED A TRIP CONFIRMATION 7 DAYS PRIOR TO THE TRIP, PLEASE CONTACT TRANSPORTATION DEPT.**

School Budget \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Club, Organization or Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by the Building Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Trip Authorization by the Superintendent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Trip Commitment by Transportation Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

 **TO BE FILLED OUT BY THE TRANSPORTATION DEPARTMENT AND DRIVER:**

Driver(s) Assigned to Trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bus (s) to be used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actual Departure Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Odometer Reading \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual Return Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Beginning Odometer Reading \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trips over 2 hrs (add 45 min) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total Miles** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Hours** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Claim Submitted \_\_\_\_\_\_\_\_\_\_\_\_