Transportation Department

Field Trip Request Form

Important Information – please read prior to filling out:

> Request must be filed 10 days prior to trip
> Bus capacity – 44 (2 per seat); 66 (3 per seat)
> Tolls, parking, etc. are the responsibility of the teacher
> A teacher or chaperone must accompany each bus
> Changes are to be submitted in writing
> Passengers must be participants in the activity

SECTION 1 (To be completed by Teacher or Principal) – please print	
Date of Trip:	Building:
Group/Team:	Meal Stop Requested? ☐Yes ☐No
DESTINATION:	____# Students ____# Adults ____# Buses req'd
ADDRESS:	SPECIAL EQUIPMENT: ☐wheelchair lift ☐ car seats ☐seatbelts Special Needs Bus Needed? (seats 16 students) ☐Y ☐N
DEPARTURE TIME:	RETURN TIME TO BUILDING:

Special Instructions:
____

Requested by:______________________________ ____________________________ Date:_______________
Print name Signature

Principal/Athletic Director Signature:____ Date:_______________

= =

SECTION 2 (To be completed by the Transportation Department)

Director of Transportation Signature:____ Date:_______________

SECTION 3 (To be completed by the Driver)

Driver:___________________________Bus # _________

TIME: start ___________ Total Hours: _________ MILEAGE: start _____________ Total Miles:________
end___________ end______________

I certify that a Pre-Trip Inspection has been completed in accordance with the Ohio Law & the Ohio Department of Education.

Driver's Signature: ____

OFFICE USE ONLY

Driver rate __________ Mileage cost _____________ Driver cost ___________ TOTAL COST _______________

Rev. 4/07 Rev. 7/07