



Field Trip Request Form

Field Trip Name: _____ School: _____

Department: _____ Today's Date: _____

Contact (*Person in-charge of setting-up the field trip*): _____

School Phone #: _____ Phone Ext #: _____

Email Address: _____

Departure

Depart Date: _____ Time: _____ (earliest pick-up 8:00 am)
Unless authorized by Terminal Manager/District Admin.

Return Date: _____ Time: _____ (latest drop-off 2:30 pm)
Unless authorized by Terminal Manager/District Admin.

Departure Location (*school location*): _____

Any additional notes for departure: _____

Destination

Destination Location: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact (*Person in-charge of group at Destination*): _____

Cell Phone #: _____

Email Address: _____

Additional Notes (*You may add multiple destinations information in this text section if necessary*): _____

of Students: _____ # of Adults: _____ # of Wheelchairs: _____

Account #: _____ Estimate Required: Yes No

Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____