

EVERETT PUBLIC SCHOOLS FIELD TRIP REQUEST

Distribution:

- ☐ Principal
☐ Health Room
☐ School Kitchen Manager
☐ Transportation Department

**FOR TRANSPORTATION
USE ONLY**

Transportation Code: _____

Trip Date(s): _____

Trip Category: (circle) **1** **2*** **3**
 (*Out-of-state travel requires prior approval of the superintendent)

School: _____ Adults _____

Classes or groups: _____ Students _____

Coordinating Staff Member(s): _____ Total _____

Destination: _____

Address: _____

Educational Objectives of Trip: _____

Special Transportation Instructions: _____

Budget Code to Charge: _____

☐ District Bus ☐ Commercial Transportation ☐ District Vehicle ☐ Other: _____

☐ No District Transportation Provided (parent/guardian arranged transportation)

Departure Times

Return Times

Date Requested: _____

Date Requested: _____

Arrive at School: _____ [] AM [] PM

Leave Destination: _____ [] AM [] PM

Leave School: _____ [] AM [] PM

Return to School: _____ [] AM [] PM

Name of Staff for whom Substitute is Needed:	Name of Substitute Requested:	Date Needed:	Grade/Subject
			[] Full [] AM [] PM
			[] Full [] AM [] PM
			[] Full [] AM [] PM

Submitted by _____ Date _____

Superintendent (For out-of-state travel) _____ Date _____

Supv/Coord/Principal _____ Date _____

Transportation Supervisor _____ Date _____

Revised: August 2013