

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**

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 Vehicle [] District Bus [] Commercial Transportation [] 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(s) Needed:	Grade/Subject
			[] Full [] AM [] PM
			[] Full [] AM [] PM
			[] Full [] AM [] PM

Submitted by _____ Date _____ Supv/Coord/Principal _____ Date _____ Transportation Supervisor _____ Date _____