

PLATTSBURGH CITY SCHOOL DISTRICT

FIELD TRIP BUS REQUEST FORM

Requester _____ School _____

Grade/Department or Sport _____

Bill Trip To: _____
(if different than building budget)

Trip Date: 1st Choice _____

2nd Choice _____

Destination: _____

Trip Description: _____

Number of Students _____ Number of Adults _____

Pickup Location: _____ Front Back Other _____

Return Location: _____ Front Back Other _____

Pickup Time: _____ AM PM

Arrival Time: _____ AM PM

Leave Time: _____ AM PM

Return Time: _____ AM PM

Staff Member(s) in Charge of Trip: _____

Names of Chaperones: _____

Special Instructions/Driver Directions: _____

Teacher Signature: _____

Principal Approval: _____ Date: _____

Transportation Dept. Approval: _____