



Teacher's Name: _____ Date of Request: _____

Purpose of Trip *(describe how the relates to classroom goals):*

Day & Date of Transportation Requested: _____ Destination: _____

Departure time: _____

Pick-up / Return time: _____

Return to school by: _____

Place of departure:

- | | |
|---------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Howell High School | <input type="checkbox"/> Parker |
| <input type="checkbox"/> Highlander Way | <input type="checkbox"/> Pathway |
| <input type="checkbox"/> Three Fires | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Voyager | <input type="checkbox"/> Other: _____ |

Passengers *(list the number of students and adults in each category):*

Students	Students in need of oxygen	Students who needing suction	Students in Wheelchairs	Adults	Total Passengers
_____	_____	_____	_____	_____	_____

Administrative Approval

_____ <i>Principal or Director of Special Education</i>	_____ <i>Date</i>	_____ <i>Transportation Supervisor</i>	_____ <i>Date</i>
_____ <i>Bus Number(s)</i>	_____ <i>Driver</i>	_____ <i>Driver</i>	
	_____ <i>Regular Run Cover / Sub Driver (if necessary)</i>	_____ <i>Regular Run Cover / Sub Driver (if necessary)</i>	

Field Trip Approval

Teacher's Name: _____ Building: _____

Destination: _____

Place of departure:

- | | |
|---------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Howell High School | <input type="checkbox"/> Parker |
| <input type="checkbox"/> Highlander Way | <input type="checkbox"/> Pathway |
| <input type="checkbox"/> Three Fires | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Voyager | <input type="checkbox"/> Other: _____ |

Approval: Yes No Date of Trip: _____ Times: *Departure:* _____ *Return:* _____