DATE: ____________
School No.: ________  Grade: ______  Date of Trip: ________________
Leaving Time: ____________  Returning Time: ________________
Cost per student: ________  No. of students attending: ________
No. of teachers, aides & parents: ________

Trip to: __________________________________________________________
________________________________________________________

Purpose of trip – i.e. educational, recreational, etc.: __________________________
________________________________________________________

Transportation provided by: ________________________________________
No. of buses needed: ________

Name of Bus Company’s Insurance Carrier (if out of district buses are used): ________
________________________________________________________

PERMISSION SLIPS SIGNED BY PARENTS: _____ YES  _____ NO
Substitute needed: _____ YES  _____ NO
This is _____ trip for my class this year.
Names of teachers going on trip: ________________________________________
________________________________________________________

Class teacher: ________________________________________
Principal: ________________________________________
Approved: ________________________________________
Superintendent of Schools

**IMPORTANT: SUBMIT THIS FORM IN QUADRUPLE**