

TELL CITY-TROY TOWNSHIP SCHOOL CORPORATION FIELD TRIP REQUEST FORM

School: _____ Date of Trip: _____

Teacher(s): _____

Grade/Class: _____ # of Students: _____ # of Chaperones: _____ Wheelchairs? _____

Destination: _____

Educational Purpose: _____

Corporation Cost Paid By: _____

Indicate Vehicles Needed: School Bus _____ Activity Bus _____

Load Time(after 8:15 am): _____ Return Time (before 2:30 pm): _____

Trip Organizer Signature: _____ Date: _____

TEACHERS: Please complete the above section of this form and give it to your building administration. The "load time" is the time you request the bus to be at your school. An overnight trips need prior School Board approval.

Please make sure you have the necessary permission slips for all trips and that you follow the manifest guidelines.

If activity buses are being used, indicate who will drive below.

Activity Bus Driver(s): _____

**** A TRANSPORTATION REQUEST FOR THIS TRIP MUST ALSO BE SUBMITTED ONLINE**

BUILDING ADMINISTRATION: If you approve this request, please email a copy to the ECA Manager, Kris Hammack at kris.hammack@tellcity.k12.in.us. Once the trip has been approved, a copy will be sent back to building administration. It is your responsibility to make sure there is proper supervision on the field trip, that funding is available for this trip, and that a manifest of riders is kept.

Principal Signature: _____ Date: _____

ECA Manager: Approved _____ Denied _____ Date _____

Drivers Assigned: _____

Action taken by the Board of School Trustees: (Required only for Overnight Trips)

Approved _____ Denied _____ Date _____