Lura M. Sharp Elementary

WALKING FIELD TRIP / TRANSPORTATION REQUEST

** Must be turned in at least one week prior to event. **

Requested by: ____________________________ Organization/Gr. Level ______________

** Date of Departure: _______________ Time of Departure: ____________

Destination ____________________________ Number of people: ______________

Means of Transportation: _____ Walk _____ Bus _____ Car

Place of Departure: ____________________________

Today’s Date: __________ Purpose of Trip: ________________________________________

Date of Return __________ Time of Return: __________

(If different than day of departure)

Part Two:

Student(s) with medical needs: __________________________________________

________________________________________________

________________________________________________

Nurse Signature __________________________ Date __________

Needed? _____ Yes ____ No __________

Approved ______________ Disapproved ______________ Date __________

Conditions __________________________________________

For out-of-school activities: Cost __________________________

________________________________________________

Principal

Part Three:

Number of Buses ______________

Bus Number(s) Assigned __________________________

Bus Driver(s) Assigned __________________________

________________________________________________ Transportation Director

Date