

TODAYS DATE: _____

**PULASKI ACADEMY & CENTRAL SCHOOLS
WALKING FIELD TRIP/TRANSPORTATION REQUEST**

*** Form must be turned in at least two weeks prior to event*

*** Leave time prior to 8:55 AM needs Transportation Department approval*

*** Return time is by 1:30 PM unless approved by the Transportation Department*

Building: _____	Requested by: _____
Organization/Gr. Level: _____	Means of Transportation: ___ Walk ___ Bus ___ Car
Destination: _____	Number of People: _____
Date of Departure: _____	Time of Departure: _____
Purpose of Trip: _____	Place of Departure: _____
Date of Return: _____ (If different than day of departure)	Time of Return: _____

Students with Medical Needs: _____

Special Seating Requirements: _____

Nurse Signature: _____ Date: _____
 Needed? ___ Yes ___ No

Approved _____ Disapproved _____ Date: _____

Conditions: _____

Principal Signature

Number of Buses _____

Bus Number(s) Assigned _____

Bus Driver(s) Assigned _____

Transportation Supervisor Signature

Date