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 **

<table>
<thead>
<tr>
<th>Building: __________________________</th>
<th>Requested by: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/Gr. Level: ____________</td>
<td>Means of Transportation: ___ Walk ___ Bus ___ Car</td>
</tr>
<tr>
<td>Destination: ______________________</td>
<td>Number of People: ______________________</td>
</tr>
<tr>
<td>Date of Departure: ________________</td>
<td>Time of Departure: ______________________</td>
</tr>
<tr>
<td>Purpose of Trip: __________________</td>
<td>Place of Departure: _____________________</td>
</tr>
<tr>
<td>Date of Return: ___________________</td>
<td>Time of Return: _________________________</td>
</tr>
<tr>
<td>(If different than day of departure)</td>
<td></td>
</tr>
</tbody>
</table>

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 __________