

EAST ALLEN COUNTY SCHOOLS
New Haven, Indiana
FIELD TRIP REQUEST (REVISED 11/11)

TEACHERS: Please complete this section of the form and return it to your principal. The loading and returning times are the times when the bus will be at your school. These are to be followed closely. If required, please attach permission slips to this form for your principal. Remember: No food or drink on the bus.

SCHOOL: _____
 TEACHER(S): _____
 DATE OF TRIP: _____ DAY OF THE WEEK: _____
 DESTINATION: _____
 PURPOSE: _____
 LOADING TIME: _____ RETURNING TIME: _____
 GRADE: _____ NUMBER OF STUDENTS: _____ NUMBER IN WHEELCHAIRS: _____
 NUMBER OF ADULTS/CHAPERONES: _____
 TRIP INSURANCE: YES ___ NO ___ TAKING SACK LUNCH: YES ___ NO ___

IS THIS A "SPECIAL NEEDS" CLASS? YES ___ NO ___

PRINCIPAL: If you approve the request, please indicate the number of buses needed, complete the two lower sections of this request except for the drivers' names and bus numbers, sign, and send it to your area bus coordinator. All "special needs" class trip requests must be given to the mini-bus area coordinator.

NUMBER OF BIG BUSES NEEDED: _____ **NUMBER OF LIFT BUSES NEEDED:** _____
NUMBER OF STAR SEATS _____ **NUMBER OF POWER CHAIRS** _____
NUMBER OF SAFETY VEST _____ **NUMBER OF LAP BELTS** _____

___ Heritage area ___ New Haven area ___ Leo area ___ Woodlan area
 ___ Mini-Bus area (special needs students)

TODAY'S DATE: _____ PRINCIPAL'S SIGNATURE _____

E.C. TRIP COORDINATOR:

Please arrange for drivers and buses for this trip. Complete Tr-27 forms (Extra-curricular/Field Trip Form) and give to the drivers. Write the drivers' names and bus numbers on the appropriate lines of this form, keep the bottom section for your records, sign and return the remainder of the form to the building principal.

DATE OF TRIP: _____ SCHOOL: _____
 TEACHER(S): _____
 DESTINATION: _____
 LOADING TIME: _____ RETURNING TIME: _____
 DRIVER: _____ BUS: _____ DRIVER: _____ BUS: _____
 DRIVER: _____ BUS: _____ DRIVER: _____ BUS: _____

SIGNED: E.C. TRIP COORDINATOR _____ DATE: _____

 Trip coordinator: Please keep this bottom section for your records

DATE OF TRIP: _____ SCHOOL: _____
 TEACHER(S): _____
 DESTINATION: _____
 LOADING TIME: _____ RETURNING TIME: _____
 DRIVER: _____ BUS: _____ DRIVER: _____ BUS: _____
 DRIVER: _____ BUS: _____ DRIVER: _____ BUS: _____