

Teacher's Name _____ Date of Request _____

Day and Date of Transportation Desired _____

Purpose of Trip (Describe what and how this trip relates to classroom goals)

Place of Departure (check one)

- Pathway
 Head Start
 Northwest
 Highlander Way
 Freshman Campus
 Other _____

Departure Time _____ Pick-up Time _____ Return to School by _____

Destination _____

Bus to stay at site and wait Yes No

Passengers (List the number of students and adults in each category)

Students	Students needing oxygen	Students needing suction	Students needing wheelchairs	Adults	Total Passengers

Field Trip Approval

Teacher _____ Building _____ Destination _____

Place of Departure (check one)

- Pathway
 Head Start
 Northwest
 Highlander Way
 Freshman Campus
 Other _____

Approval Yes No Date of Trip Trip Times Date of Approval _____