



# JERSEY SHORE AREA SCHOOL DISTRICT

## Field Trip/Transportation Request Form

1. Transportation request forms must be submitted at least 15 days prior to date of the trip. 2. A separate form must be filled out for each trip.

Date of Field Trip: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Destination of Trip: \_\_\_\_\_ Estimated # of Miles (round trip): \_\_\_\_\_

All out-of-state field trips must be School Board approved before the trip can be taken.

Departure Time from School: \_\_\_\_\_ am/pm Departure Time from Field Trip Location: \_\_\_\_\_ am/pm

Anticipated Return Time to School: \_\_\_\_\_ am/pm **Attach an itinerary/list of stops to this request.**

Staff Member Making Request (person in charge): \_\_\_\_\_

School/Activity Making Request: \_\_\_\_\_ Parent Permission Secured: \_\_\_\_yes \_\_\_\_no

Grade Levels Involved: \_\_\_\_\_ # of Students: \_\_\_\_\_ # of Chaperones: \_\_\_\_\_

Educational Purpose of Trip:

### Names of Chaperones:

- |          |           |
|----------|-----------|
| 1. _____ | 8. _____  |
| 2. _____ | 9. _____  |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

NOTE: Only duly authorized personnel (teachers, school employees, or approved volunteers) are permitted to ride on school buses when being used to transport pupils for school purposes. Chaperone to Student Ratio: 1:10 minimum – Policy 121

Type of Transportation Requested: \_\_\_\_Van \_\_\_\_School Bus \_\_\_\_Coach Bus \_\_\_\_No Transportation

Special Instructions (identify any special needs/special accommodations):

Trip Will Be Paid By: \_\_\_\_\_

### APPROVALS

\_\_\_\_ Approve \_\_\_\_ Disapprove Principal \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Approve \_\_\_\_ Disapprove Assistant Superintendent \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Approve \_\_\_\_ Disapprove Superintendent \_\_\_\_\_ Date \_\_\_\_\_

### TRANSPORTATION DEPARTMENT USE ONLY

Date Received: \_\_\_\_\_ Contractor: \_\_\_\_Marden's \_\_\_\_Susquehanna

Type of Transportation Scheduled: \_\_\_\_Van \_\_\_\_School Bus \_\_\_\_Coach Bus

Special Needs: \_\_\_\_Handicapped Accessible/Lift Bus Other: \_\_\_\_\_

Date Emailed: \_\_\_\_\_ Initials: \_\_\_\_\_