



**UNION COUNTY  
SCHOOL DISTRICT**

*Building The Future One Child At A Time*

**FIELD TRIP REQUEST FORM/FIELD TRIP BUS PERMIT FORM**

SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

TEACHER: \_\_\_\_\_ GRADE/CLASS: \_\_\_\_\_

DATE OF FIELD TRIP: \_\_\_\_\_ TIME OF DEPARTURE: \_\_\_\_\_

DATE OF RETURN \_\_\_\_\_ TIME OF RETURN: \_\_\_\_\_

NUMBER OF STUDENTS: \_\_\_\_\_

BUS DRIVER: \_\_\_\_\_ BUS NUMBER \_\_\_\_\_

DESTINATION: \_\_\_\_\_

PURPOSE OF FIELD TRIP: \_\_\_\_\_

\_\_\_\_\_

WILL A SUBSTITUTE TEACHER BE NEEDED? [ ] YES [ ] NO

DO YOU WANT SACK LUNCHES FOR THE TRIP? [ ] YES [ ] NO

(NOTE: PLEASE GIVE A COPY TO CAFETERIA MANAGER AT LEAST TWO WEEKS IN ADVANCE OF THE DATE OF THE TRIP, IF YOU RESPONDED YES TO THE ABOVE STATEMENT.)

ROUTE TO BE FOLLOWED: \_\_\_\_\_

SAFETY COUNCIL MEMBER FOR THE TRIP: \_\_\_\_\_

\_\_\_\_\_  
Principal's Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Approval

\_\_\_\_\_  
Date

PERMIT NUMBER: \_\_\_\_\_

ODOMETER READING:

BEGINNING: \_\_\_\_\_

ENDING: \_\_\_\_\_

MILES TRAVELED: \_\_\_\_\_