

FANNIN COUNTY BOARD OF EDUCATION
FIELD TRIP REQUEST

NAME: _____ SCHOOL: _____

DATE OF FIELD TRIP: _____ DESTINATION: _____
(place, city, and state)

DEPARTURE TIME: _____ RETURN TIME: _____

DESCRIPTION OR PURPOSE FOR TRIP: _____

CCGPS/GPS OBJECTIVES: _____

NUMBER OF BUSES NEEDED: _____ NUMBER OF STUDENTS: _____ NUMBER OF CHAPERONES: _____

ATTACHMENTS/COMMENTS: _____

WHO IS COVERING THE COST OF TRIP: _____

NAME OF PERSON SUBMITTING REQUEST _____

DATE SUBMITTED _____

PRINCIPAL'S SIGNATURE _____

DATE SIGNED _____

SCHOOL GOVERNANCE TEAMS

APPROVED _____ YES _____ NO _____ DATE APPROVED: _____

REVISED July 27, 2015

ALL REQUEST MUST HAVE BACK COMPLETE "BUS REQUEST AND NUTRITION DEPT" →

FANNIN COUNTY BOARD OF EDUCATION

BUS REQUEST FOR ATHLETIC, EXTRA-CURRICULAR, AND FIELD TRIPS

Date Submitted: _____ **Person Submitting Request:** _____

Team, Organization, Group, etc. _____ **Grade:** _____

Purpose of Trip: _____ **Principal's Signature:** _____

Date of Trip	Destination & Purpose of Trip (place, city, and state)	No. of Passenge	Number of Buses	Miles, One-way	Travel Time	Departure Time	Return Time	**Driver Assigned**
1.								*
2.								*
3.								*
4.								*

Teacher Completes: Number of Students Missing Lunch _____ Number of Students Needing Sack Lunches _____

List All School Employees on Trip _____

List Any Other Adults on Trip _____

Person on bus with cell phone and cell phone number _____

SCHOOL GOVERNANCE TEAMS: APPROVED _____ **YES** _____ **NO** _____ **DATE APPROVED:** _____

*****For Use by Bus Drivers and Transportation office***** Actual Time Loading _____ Actual Time Unloading _____

Pre & Post Inspection Conducted _____ Odometer reading, beginning _____ Odometer reading, ending _____

Safety Training with students ____ yes ____ no Total miles, round trip _____ Total time: _____ (hrs) _____ (mins)

Driver's Signature _____ Date _____ Approved _____

Amount _____ Was Sub Used _____ Sub Name _____ **Revised 07-27-15**