Regional School Unit 1 Field Trip/Shuttle Request Form

REQUESTS FOR FIELD TRIPS/SHUTTLES USE MUST BE RECEIVED BY CENTRAL OFFICE AT LEAST 2 WEEKS IN ADVANCE

REQUESTS FOR **OUT OF STATE** AND **OVERNIGHT** TRIPS MUST BE MADE <u>30 DAYS IN ADVANCE</u>
All trips are subject to the Superintendent's approval. Out of state and overnight require Board Approval

School:	_ Teacher(s): — Grade(s):			
Date(s) of trip:		an overnight trip?		
Destination:	Is this a	Is this an out of state trip?		
Physical address:		Special Needs? Wheelchair(s)		
DEPARTURE TIME FROM SCHOOL: ARRIVAL TIME AT DESTINATION: DEPARTURE FROM DESTINATION: ARRIVAL TIME BACK AT SCHOOL:		Bag Lunch Needed? Y / How many?	N - responsible for	
Do you require additional transportation betwee If so, provide dates, times, destination:			Please continue details or	
NUMBER OF STUDENTS: NUMBER OF ADULTS:			comments on reverse.	
PURPOSE OF TRIP:				
PRE-PLANNING ACTIVITIES:				
POST-TRIP ACTIVITIES: NO BUS NEEDED				
If no bus needed, how will students arrive/return?	? Teacher in Char	rge of Trip Dat	te	
Funding Source: (To be completed by school office p	personnel)			
	Principal/Dir	rector	Date	
Principal's Office	Superintendent of ochools		Date	
Classroom Teacher Cafeteria Personnel	First Student Represer	ntative [Date	
School Nurse	FOR OFFICE USE ONLY			
(Revised 10/25/2023)	□ Spreadsheet□ DL to File	□ Board Approved□ Denied	d	
	□ Copy to School			