

TRIP REQUEST

***To ENSURE approval, completed requests MUST be submitted to First Student NO later than 10 working days before date of trip (trips are not scheduled until request is received) ***

Date of Request: _____

Date of trip: _____

Requesting bus:

Full size bus

Mini bus

Activity bus

****Trip is not guaranteed unless First student is contacted to check availability before receiving request****

Instructional:

Yes

No

(Instructional Examples: Museums, Library to research or learn a subject. Non-instructional example: roller rink, pool, or competition)

School: _____

Group to be transferred: _____

Students: _____

Person requesting trip: _____

Phone# _____

Adults: _____

Destination: _____

(please list ALL destinations during trip, if there is a detailed itinerary please include in request)

Load time: _____

Return Load time _____

Leave time: _____

Return time (at school): _____

***Trips leaving/returning during school routes cannot be guaranteed (trips are booked on a first come first serve basis)**

GROUP RESPONSIBLE FOR PAYMENT OF TRIP:

(include billing address and contact phone number)

DISTRICT

OTHER: _____

Chaperones(list all, please be aware that extra riders may change the size of the bus & that seats are limited): _____

***Administrator has verified that criminal background checks have cleared for all chaperones.**

SCHOOL ADMINISTRATOR SIGNATURE

DATE

DISTRICT ADMINISTRATOR SIGNATURE

DATE