

SOLANCO SCHOOL DISTRICT FIELD TRIP REQUEST FORM

SUBMISSION DATE _____ DATE RECEIVED BY TRANSPORTATION _____

(FIELD TRIP DATES WILL NOT BE RESERVED BY PHONE REQUESTS)

REQUESTING SCHOOL _____ GRADE(s) _____

TRIP TO BE PAID FOR BY _____ DATE OF TRIP _____

SEND INVOICE TO _____ ALTERNATIVE DATE _____

REQUESTED BY _____

PICK UP LOCATION _____

*PLEASE SPECIFY PICK-UP LOCATION (EX: GREAT DOORS, AG, SPECIAL ED, FLAGPOLE)

SCHOOL- DEPARTURE TIME _____

SCHOOL- RETURN ARRIVAL TIME _____

DESTINATION _____

DESTINATION ARRIVAL TIME _____

DESTINATION DEPARTURE TIME _____

TOTAL NUMBER OF PERSONS _____ (INCLUDING CHAPERONES)

BELOW PLEASE ENTER THE NUMBER OF BUSES OR VANS NEEDED

**Bus holds 72 passengers, 3 per seat or 48 passengers, 2 per seat. Van holds 9 passengers and 1 driver. Largest handicapped bus holds 2 wheelchairs and 12 passengers.

BUS/BUSES _____ VAN/VANS _____ DRIVER NEEDED – YES _____ NO _____

HANDICAPPED BUS _____ NUMBER OF WHEELCHAIR SLOTS NEEDED _____

*A list of students and chaperones that are expected to attend the field trip should be submitted to the school office prior to departure.

*This trip is undertaken to fulfill educational requirements in (subject area) _____

LEAD TEACHER'S APPROVAL _____ DATE _____

PRINCIPAL'S APPROVAL _____ DATE _____

*The Director of Transportation reserves the right to cancel a trip at any time.

*All information must be provided, or the form will be **returned** to you.

DIRECTOR OF TRANSPORTATION APPROVAL _____

*Contact numbers: Office – 717-786-8401 or Eschbach's at 717-284-4162

OFFICE USE ONLY

DATE SENT FOR APPROVAL _____ DATE APPROVED _____

SCANNED COPY OF APPROVAL TO _____ DATE _____