

SOLANCO SCHOOL DISTRICT TRANSPORTATION
FIELD TRIP REQUEST FORM

TRIP INFORMATION

Date of Request: _____ Teacher/Requestor Name: _____

School/Building: _____ Grade(s): _____

TRIP DETAILS

Field Trip Date: _____

Departure Location: _____ Departure Time: _____
(please specify pick-up location; ex. Great Hall doors, flagpole, etc.) *(time to leave school)*

Destination: _____ Address: _____

Return Time: _____ Total Number of Passengers (including Chaperones): _____
(time to leave destination)

TRANSPORTATION NEEDS

Bus holds 72 passengers at 3 per seat or 48 passengers at 2 per seat. Largest handicapped bus holds 2 wheelchairs and 12 passengers. Van holds 9 passengers and 1 driver (transportation does not provide van drivers).

Number of Buses Requested: _____ Wheelchair Bus Needed: Yes NO

Number of Wheelchair Slots: _____

Number of Vans Requested: _____

FUNDING/BILLING INFORMATION

Funding Source: School Budget Grant Student Activity PTO Other _____

Department: _____ Send Invoice To: _____

ADMINISTRATIVE APPROVALS

Lead Teacher's Approval: _____ Date: _____

Principal Approval: _____ Date: _____

Transportation Director Approval: _____ Date: _____

TRANSPORTATION OFFICE USE ONLY

Date Approved: _____ Date Confirmed: _____

**PLEASE SUBMIT THIS FORM TO THE TRANSPORTATION OFFICE AT LEAST 2-4 WEEKS PRIOR TO THE TRIP DATE.
717-786-8401 OR transportation@solancosd.org**