

Joseph E. Flynn ~ Superintendent

## FIELD TRIP REQUEST FORM

**FORM MUST BE FILLED OUT COMPLETELY**

School Year \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

WCSSSD USE: QUOTE# \_\_\_\_\_

DISTRICT TO BE BILLED: \_\_\_\_\_

DATE OF FIELD TRIP: \_\_\_\_\_

PICKUP LOCATION: \_\_\_\_\_  
**(BE SPECIFIC)**

DESTINATION(S): \_\_\_\_\_  
(Address & Phone#) \_\_\_\_\_  
**(BE SPECIFIC)**

NAME & CELL# OF CONTACT PERSON ATTENDING TRIP: \_\_\_\_\_

# of Students: \_\_\_\_\_ # of Staff: \_\_\_\_\_ Total # of Passengers: \_\_\_\_\_

Type of Vehicle(s) Required: \_\_\_\_\_ Bus \_\_\_\_\_ Van # of Vehicles Required? \_\_\_\_\_

Handicap Accessibility Required: YES or NO

DEPARTURE TIME: \_\_\_\_\_ DEPARTURE TIME FROM LOCATION: \_\_\_\_\_

AND RETURN TO SCHOOL TIME: \_\_\_\_\_

TYPE OF TRIP: FIELD TRIP \_\_\_ ATHLETIC TRIP \_\_\_ (Type of Sport) \_\_\_\_\_

IF ATHLETIC TRIP: FRESHMAN, JV OR VARSITY? \_\_\_\_\_

EQUIPMENT TO BE TRANSPORTED: \_\_\_\_\_

**SPECIAL REQUIREMENTS:** \_\_\_\_\_

IS THE VEHICLE REQUIRED TO STAY DURING THE EVENT: YES or NO

AUTHORIZING SIGNATURE: \_\_\_\_\_

**PLEASE NOTE: CONSUMPTION OF FOOD ON ANY BUS IS PROHIBITED. IF THERE ARE ANY SPILLS AND/OR TRASH FOUND THAT REQUIRES THE DRIVER TO ADDRESS, A CLEANING FEE WILL BE ASSESSED. WATER ONLY IS PREFERRED.**