

FIELD TRIP REQUEST FORM
FORM MUST BE FILLED OUT COMPLETELY

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.