

PLATTSBURGH CITY SCHOOL DISTRICT

FIELD TRIP BUS REQUEST FORM

# \_\_\_\_\_

Requester \_\_\_\_\_ School \_\_\_\_\_

Grade/Department or Sport \_\_\_\_\_

Bill Trip To: \_\_\_\_\_  
(if different than building budget)

Trip Date: 1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

Destination: \_\_\_\_\_

Trip Description: \_\_\_\_\_

Number of Students \_\_\_\_\_ Number of Adults \_\_\_\_\_

Pickup Location: \_\_\_\_\_ Front Back Other \_\_\_\_\_

Return Location: \_\_\_\_\_ Front Back Other \_\_\_\_\_

Pickup Time: \_\_\_\_\_ AM PM

Arrival Time: \_\_\_\_\_ AM PM

Leave Time: \_\_\_\_\_ AM PM

Return Time: \_\_\_\_\_ AM PM

Staff Member(s) in Charge of Trip: \_\_\_\_\_

Names of Chaperones: \_\_\_\_\_

\_\_\_\_\_

Special Instructions/Driver Directions: \_\_\_\_\_

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Teacher Signature: \_\_\_\_\_

Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Transportation Dept. Approval: \_\_\_\_\_