

**MAROA-FORSYTH C.U.S.D. #2 TRANSPORTATION REQUEST
2011-2012**

Date of Trip: ___/___/___

Teachers must have an accurate list of student names on each bus. If there is an emergency/accident, we need to know who is on which bus. Please turn a copy of this list in to the Transportation Department at the beginning of each trip.

Class (grade level)_____Teacher's Name_____

OR

Extra Curricular Group Name_____Sponsor's Name_____

Will you need a Handicap Accessible bus?_____How many wheelchairs will need to be accommodated?_____

Destination(include city)_____

What time are students to arrive at destination?_____

Where will bus(es) drop off at destination?_____

Where will bus(es) park at destination?_____

Please submit any information received regarding the field trip/location/parking with this request.

Will you receive any money as a transportation cost reimbursement?_____

Source of cost reimbursement_____

Contact person and phone # for Non-State Reimbursement_____

Bus(es) will pick up students at the Activity Entrance for High School, bus loading zone for Intermediate, Middle and Grade School unless specified otherwise.

Load time_____Return time_____ **(Please note: Return Time is the time the bus will arrive back at school)**

No. Transported_____ **(Include parents and teachers)**

Narrative(describe why this is an educational field trip):

Principal's Signature_____

(Building Secretary should keep one copy to record specified student trip attendance, forward another copy to Transportation Office. Please remember to forward attendance record to Transportation Secretary after the field trip.)

This Section To Be Completed By Transportation Office:

Mode of Transportation:

VAN/BUS # _____ DRIVER _____ MILEAGE _____

BUS # _____ DRIVER _____ MILEAGE _____