



TRANSPORTATION
272 Sylvester Avenue, P.O. Box 130 Berrien Springs, Michigan 49103
Phone (269) 471-2594 Fax (269) 620-6015 Website www.homeoftheshamrocks.org

FIELD TRIP REQUEST

TRIP REQUEST MUST BE SUBMITTED NO LESS THEN 30 DAYS BEFORE TRIP

PERSON IN CHARGE OF TRIP (PRINT NAME) _____

PHONE NUMBER() _____ EMAIL ADDRESS _____

DESTINATION _____

Address _____ City _____ State _____

DATE OF TRIP _____ GROUP _____

TIME TRIP LEAVES SCHOOL ____: ____AM/PM TIME RETURNING TO SCHOOL ____: ____AM/PM

NUMBER OF STUDENTS _____ NUMBER OF ADULTS _____

56 MIDDLE/HIGH SCHOOL STUDENTS MAX OR 84 ELEMENTARY MAX PER BUS

PURPOSE OF TRIP _____

SPECIAL REQUEST _____

LARGE ITEMS SUCH AS COOLERS MUST BE SECURED. NO ITEMS CAN BLOCK THE EMGERGENCY EXITS OR REMAIN IN THE AISLE WAY. DO YOU NEED UNDER STORAGE COMPARTMENTS? YES/NO

TRIP REQUESTOR SIGNATURE _____ DATE _____

PRINCIPAL SIGNATURE _____ APPROVED/DENIED DATE _____

TRANPORTATION USE BELOW

DIRECTOR OF TRANSPORTATION SIGNATURE _____ APPROVED/DENIED DATE _____

DATE CONFIRMATION SENT VIA EMAIL ____/____/____

DRIVER _____ VEHICLE # _____ DATE ____/____/____

MILEAGE BEGIN _____

DRIVER CHECK IN TIME ____: ____AM/PM

MILEAGE END _____

DRIVER CHECK OUT TIME ____: ____AM/PM

TOTAL _____

TOTAL TIME _____HRS _____MINS