

School Year _____

WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT
REQUEST FOR FIELD TRIP TRANSPORTATION

REQUESTS SHOULD BE MADE NO LATER THAN ONE WEEK IN ADVANCE

Return Completed Form to: Transportation Department
Administration Building

Requested By: _____

School: _____

Date of Field Trip: _____

Field Trip To: _____

Address: _____

Number of Students: _____ Number of Adults: _____

Pick-Up Time (at school): _____

Return Time (from field trip destination): _____

Is bus required to stay with group for entire trip? _____ Yes _____ No

Signature - Principal

-----OFFICE USE-----

School _____

Date of Field Trip _____

Destination _____

Time _____ # Buses _____

Approved _____ Not Approved _____