

Sault Ste. Marie Area Public Schools

Transportation Department

Field Trip Request Form

Trip Information

Trip Date: _____ Time of Departure: _____ Anticipated Return Time: _____

School: _____ Teacher: _____ Grade: _____

Place of Departure: _____ # of Students: _____ # of Adults: _____

Destination: _____ Address: _____

Purpose and Educational Goals of Trip:

Contact Information

Please provide the following for the teacher/group leader who will be on the field trip:

Name: _____ Phone: _____

Please provide the following for the principal/coordinator of the group:

Name: _____ Phone: _____

Trip is to be billed to: _____

Principal/Coordinator Authorization: _____ Date: _____

Principal/Coordinator Requests: _____

Requests must be received by transportation 2 weeks prior to the trip date.

For use by the Transportation Department only:

Received by Transportation Secretary: Sign _____ Date: _____

Transportation Coordinator Authorization: _____ Date: _____

Approve ____ Deny ____ Transportation Coordinator Notes: _____
