

Jefferson County Schools Field Trip Request Form

School _____ Teacher _____

Class/Club _____

Date Request Submitted _____ Date of Field Trip _____

Destination Name _____

Destination address _____

Destination phone _____

Time of Departure _____ *Return Time _____

Method of Transportation _____

Special Transportation Requests (wheelchair lift, bus driver) _____

Number of Students _____ Number of Adults _____

Educational Goal of Trip

What method will you measure the achievement of the education goal?

Approved By: _____

* Return time, all trips must return in time for buses to be at their assigned schools afternoon route.

Transportation Department Use Only

Your driver/drivers are: _____ Bus # _____

_____ Bus # _____

_____ Bus # _____

Date notified _____ Fax _____ Phone _____

TURN IN TO YOUR PRINCIPAL 2 WEEKS IN ADVANCE OF TRIP.