

FIELD TRIP REQUEST FORM

(to be submitted at least (2) weeks before trip date)

Trip Date _____ School _____ Teacher _____

Destination and Address _____

Leave School	Arrive at Destination	Leave Destination	Arrive at School
a.m. / p.m.	a.m. / p.m.	a.m. / p.m.	a.m. / p.m.

Name of teacher and other adults involved in plan for supervision:

Number of Students:

(List names of students, denote medically fragile students with an "*" next to their names.)

Nearest medical facility: _____

Method of transportation:

BUS - Durham School Services Private Car* County Vehicle Number * _____

*List Name of Driver(s) _____

Special Transportation Arrangements: _____

Purpose: _____

Sacs Code: _____

Date Submitted

Approval: Program Administrator Signature

Date

Please fax completed request form to the Transportation Department (925) 942-3476

