



Wayne Township Public Schools

FIELD TRIP/BUS REQUEST FORM

(ABOVE AREA FOR CENTRAL OFFICE DATE STAMP)

(ABOVE AREA FOR TRANSPORTATION DATE STAMP)

MUST BE RECEIVED IN OFFICE OF ASSISTANT SUPERINTENDENT FOUR (4) WEEKS PRIOR TO FIELD TRIP DATE.

DATE OF APPLICATION SCHOOL DATE OF TRIP

DESTINATION ADDRESS

GRADE(S) # STUDENTS # TEACHERS/CHAPERONES

TEACHER(S) MAKING REQUEST/IN CHARGE (Full Name)

PROGRAM: REGULAR CURRICULUM, COST PER STUDENT

WHAT PREPARATION WILL BE DONE IN CLASS FOR THE TRIP?

HOW WILL TRIP BE EVALUATED IN CLASS?

BRIEFLY DESCRIBE EDUCATIONAL PURPOSE OF TRIP AND HOW IT ENHANCES CURRICULUM:

WHAT ARRANGEMENTS ARE NECESSARY FOR COVERING TEACHER SCHEDULES?

* WAS NURSE NOTIFIED? Yes No WAS A LIST OF STUDENT'S NAMES GIVEN TO NURSE? Yes No

AFTER TRIP APPROVAL HAS BEEN RECEIVED, TEACHER IN CHARGE WILL SECURE STUDENT PERMISSION SLIPS SIGNED BY THE PARENT/GUARDIAN PRIOR TO DEPARTURE AND FILE SAME UNTIL TRIP IS COMPLETED.

TRANSPORTATION REQUEST: (This must be filled out)

WAYNE SCHOOL BUSES CANNOT BE SCHEDULED BEFORE 9:00 A.M. AND MUST BE BACK AT SCHOOL BY 1:30 P.M.

***ALL TRANSPORTATION VEHICLE DECISIONS WILL BE THE PROVINCE OF THE TRANSPORTATION SUPERVISOR.

DESTINATION ADDRESS

TOWN/STATE/ZIP

DEPARTURE TIME RETURN TIME (AT SCHOOL)

SPECIAL VEHICLE REQUESTS:

WHEELCHAIR VEHICLE LUGGAGE COMPARTMENTS NECESSARY OTHER

WHO IS RESPONSIBLE FOR COST? BOARD OF EDUCATION OTHER

FOR TRANSPORTATION DEPT. USE ONLY:

OF PASSENGERS # SCHOOL BUSES # VANS OTHER

TYPE OF VEHICLE(S): WAYNE SCHOOL BUSES OUTSIDE CONTRACTED

NAME OF CONTRACTOR APPROX. COST

A/C CHARGE: Elementary Secondary Special Ed EOP/ENVIRON. ED OTHER A/C #

CHARGE TO: ACCOUNT # OTHER:

APPROVED BY: * SCHOOL NURSE DATE

PRINCIPAL DATE

DIRECTOR DATE

SUPERINTENDENT / ASSIST. SUPT. DATE

** TRANSPORTATION SUPERVISOR DATE

* NOTE: MAKE A COPY BEFORE SUBMITTING FOR APPROPRIATE SIGNATURES.....(central office sends trans 2 cc)