

SUMMERSVILLE R-II SCHOOL DISTRICT

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Trip Request

Today's Date: _____

Field Trip/Activity: _____

Location of Trip: _____

Date of Trip: _____

Departure Time: _____

Grade Level (Check one)

Elementary (Pre-K - 5th) _____

Junior High (6th-8th) _____

High School (9th-12th) _____

Special Instructions:

Teacher/Sponsor Signature _____

Principal Signature _____

Transportation Director Signature _____

Office Use Only

Bus Driver Assigned: _____

Distance of trip one way: _____ Overnight Trip? Yes ___ No ___ If yes, how many nights? _____