

# INSTRUCTIONAL FIELD TRIP TRANSPORTATION APPLICATION

A REQUEST RECEIVED BY ANY MEANS OTHER THAN THIS FORM WILL BE TREATED AS **TENTATIVE** UNTIL THIS FORM IS RECEIVED BY THE TRANSPORTATION OFFICE.

**DIRECTIONS:** A **teacher/planner** should submit this completed application form to the building principal **AT LEAST 30 DAYS** prior to the field trip. The **principal** should then forward to the **department administrator**, then to the **Transportation Department**. To facilitate your request, please abide by the following:

- This application **must** be in the Transportation Department **AT LEAST 21 DAYS** prior to the trip. Applications received fewer than 21 days will be approved on an “as available” basis.
- The earliest departure time from school is **9:10 AM\***. The latest return time back to school is **2:00 PM\***.
- Incomplete applications will not be processed (*including budget codes or form of payment*).
- Approval is required by the departmental administrator when funded by district-wide programs (i.e. GOAL).
- If the actual trip details differ from the estimated trip request, the cost of the trip **will** change.

## GENERAL INFORMATION

Date of trip: \_\_\_\_\_ Budget code/ form of payment: \_\_\_\_\_

Teacher/Planner: \_\_\_\_\_ School: \_\_\_\_\_

Class(es)/Groups: \_\_\_\_\_ Grade level(s): \_\_\_\_\_

Destination: \_\_\_\_\_ Purpose of trip: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Number of students: \_\_\_\_\_ Teachers: \_\_\_\_\_ Other adults: \_\_\_\_\_ Total: \_\_\_\_\_

## PROPOSED TIME SCHEDULE

Exact departure time from school: **9:10 AM \*** If later, please note time: \_\_\_\_\_

Specific pick up location (i.e., front of school, band room, etc.): \_\_\_\_\_

Estimated arrival time at destination: \_\_\_\_\_

Estimated return time back to school: **2:00 PM \*** If earlier, please note time: \_\_\_\_\_

Will it be necessary for bus to stay? \_\_\_\_\_ If not, when should bus return? \_\_\_\_\_

Will you be stopping to eat? \_\_\_\_\_ Where? \_\_\_\_\_

*\* If your field trip departure or return times are outside the 9:10 AM – 2:00 PM time frame, please contact the Transportation Office. Equipment availability is limited and requests will be handled on an individual basis. Thirty (30) days advance notice is recommended.*

Teacher’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Administrator’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For an estimate contact the Transportation Office- 412-369-5500**

Date Received: \_\_\_\_\_ Funds Available:  Yes  No

Approval: \_\_\_\_\_ Number of buses: \_\_\_\_\_ Initials: \_\_\_\_\_ Total estimated cost: \$ \_\_\_\_\_