

# COLUMBUS GROVE LOCAL SCHOOLS

## FIELD TRIP TRANSPORTATION REQUEST

Date of Trip \_\_\_\_\_ Bus \_\_\_\_\_ Van \_\_\_\_\_

Teacher Requesting Trip \_\_\_\_\_ Grade \_\_\_\_\_

Place of Visitation \_\_\_\_\_

Purpose or Objective \_\_\_\_\_

Departure Time \_\_\_\_\_

Time of Return \_\_\_\_\_

Bus Load Location \_\_\_\_\_

Meal Stop \_\_\_\_ Yes \_\_\_\_ No Location \_\_\_\_\_

Number of Students \_\_\_\_\_ Number of Teachers/Chaperones \_\_\_\_\_

Bus Driver \_\_\_\_\_ Bus No. \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_  
(Approved – Principal)

\_\_\_\_\_  
(Approved – Superintendent)