

PIQUA CITY SCHOOLS

TRIP REQUEST  
CO-CURRICULAR/EXTRA-CURRICULAR

Advisor \_\_\_\_\_ Group \_\_\_\_\_

Date of Request \_\_\_\_\_ Date of Trip \_\_\_\_\_

Destination \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

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

District Cost \_\_\_\_\_ How Funded \_\_\_\_\_

Student Cost \_\_\_\_\_ How Paid \_\_\_\_\_

Means of Transportation \_\_\_\_\_

No. of Staff \_\_\_\_\_ No. of Chaperones \_\_\_\_\_

\*\*\*\*\*

Trip Approved \_\_\_\_\_  
Signature

Bus Scheduled \_\_\_\_\_  
Signature

Trip Disapproved \_\_\_\_\_  
Signature

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The staff member in charge will have a COMPLETED EMERGENCY MEDICAL FORM for each student on the trip. The staff member in charge will also have a list of those students for whom medication is to be administered while on the trip, and will make the necessary arrangements to, in fact, take the necessary medications and administer same.

\_\_\_\_\_  
Signature

**TRANSPORTATION DEPARTMENT**

(To be completed by the originator of the field trip)

Date of Trip \_\_\_\_\_ Destination \_\_\_\_\_

Departure Time \_\_\_\_\_ Return Arrival Time \_\_\_\_\_ Number of Buses \_\_\_\_\_

**Certification**

This is to certify that this trip, as requested, is in conformity with the administrative guidelines established by the District as well as any applicable State regulations.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Business Office \_\_\_\_\_

**Trip Confirmation**

This trip has been approved and scheduled. Drivers assigned are:

\_\_\_\_\_  
\_\_\_\_\_

**Bus Driver Report**

This is to certify that the above trip was made and to request payment under the Board of Education policies.

Date \_\_\_\_\_ Bus No. \_\_\_\_\_ Total time of trip \_\_\_\_\_

Speedometer reading at start of trip \_\_\_\_\_ End of trip \_\_\_\_\_

Start time \_\_\_\_\_ Return time \_\_\_\_\_

Total miles traveled on this trip \_\_\_\_\_ Total gallons of gas used \_\_\_\_\_

Remarks \_\_\_\_\_

Driver's signature \_\_\_\_\_

**Distribution:**

- 1 - Each bus
- 1 - Transportation Supervisor
- 1 - Originator after assignment of buses

Field Trip No. \_\_\_\_\_