



UNION COUNTY SCHOOL DISTRICT

Building a More Perfect UNION

FIELD TRIP REQUEST FORM/FIELD TRIP BUS PERMIT FORM

SCHOOL: _____ DATE: _____

TEACHER: _____ GRADE/CLASS: _____

DATE OF FIELD TRIP: _____ TIME OF DEPARTURE: _____

DATE OF RETURN _____ TIME OF RETURN: _____

NUMBER OF STUDENTS: _____

BUS DRIVER: _____ BUS NUMBER _____

DESTINATION: _____

PURPOSE OF FIELD TRIP: _____

WILL A SUBSTITUTE TEACHER BE NEEDED? [] YES [] NO

DO YOU WANT SACK LUNCHES FOR THE TRIP? [] YES [] NO

(NOTE: PLEASE GIVE A COPY TO CAFETERIA MANAGER AT LEAST TWO WEEKS IN ADVANCE OF THE DATE OF THE TRIP, IF YOU RESPONDED YES TO THE ABOVE STATEMENT.)

ROUTE TO BE FOLLOWED: _____

SAFETY COUNCIL MEMBER FOR THE TRIP: _____

Principal's Approval Date

Superintendent's Approval Date

PERMIT NUMBER: _____

ODOMETER READING:

BEGINNING: _____

ENDING: _____

MILES TRAVELED: _____