

**Complete either the top portion OR the bottom portion. NOT BOTH!**

**Dixon Public Schools  
TRANSPORTATION REQUEST FORM**

**CURRICULUM RELATED FIELD TRIP**

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

Date of trip \_\_\_\_\_ Time of Departure \_\_\_\_\_ Est. Time of Return \_\_\_\_\_

Destination (city) \_\_\_\_\_ Destination (location) \_\_\_\_\_

Pickup School \_\_\_\_\_ Pickup Location (door) \_\_\_\_\_

Teacher \_\_\_\_\_ # of Buses Required \_\_\_\_\_ # of Students \_\_\_\_\_  
(40 passengers per bus)

Event \_\_\_\_\_ Wheelchair lift required? Yes No

Note : Field trips that have a longer roundtrip travel time than destination time should not be requested. Example – if the roundtrip travel time is 2 hours than 2 hours should be spent at the destination.

**CITING RATIONALE USING STATE STANDARDS IS REQUIRED**

State Standards attached? Yes

Check the line that pertains to your building:

Washington	_____ 40-2550-331-01-00-00	Approved by: _____
Jefferson	_____ 40-2550-331-02-00-00	Principal
Lincoln	_____ 40-2550-331-03-00-00	
Reagan	_____ 40-2550-331-04-00-00	Approved by: _____
High School	_____ 40-2550-331-10-00-00	Supt./Asst. Supt.

**OR**

**DISTRICT FIELD TRIP**

**(To be reimbursed by an outside party)**

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

Date of trip \_\_\_\_\_ Time of Departure \_\_\_\_\_ Est. Time of Return \_\_\_\_\_

Destination (city) \_\_\_\_\_ Destination (location) \_\_\_\_\_

Pickup School \_\_\_\_\_ Pickup Location (door) \_\_\_\_\_

Teacher \_\_\_\_\_ # of Buses Required \_\_\_\_\_

Event \_\_\_\_\_ Wheelchair lift required? Yes No

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

Bill to: \_\_\_\_\_ (e.g.- Athletic Boosters or PTO)

Attn: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_  
Principal

Approved by: \_\_\_\_\_  
Supt./Asst. Supt.