

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

Approved by: _____

Check the line that pertains to your building:

Principal

Washington _____ 40-2550-331-01-00-00

Approved by: _____

Jefferson _____ 40-2550-331-03-00-00

Supt./Asst. Supt.

Madison _____ 40-2550-331-02-00-00

Reagan _____ 40-2550-331-04-00-00

Transportation Arranged by:

High School _____ 40-2550-331-10-00-00

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.

Transportation Arranged by: