



# School City of Mishawaka

## Field/Study Trip Transportation Request

**PLEASE CONTACT THE TRANSPORTATION DEPARTMENT TO SECURE YOUR BUS BEFORE FILLING THIS FORM OUT.**

Email: [thielkal@mishawaka.k12.in.us](mailto:thielkal@mishawaka.k12.in.us) or Call: extension 4513

**Sponsoring Teacher(s)** – Submit *completed* form to your principal.

**Principal** – Review form, sign and send to Lori Thielka. ***Transportation must receive this form at least one week before field/study trip takes place.***

Name of School \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of Sponsoring Teacher(s) \_\_\_\_\_ Grade \_\_\_\_\_

Destination \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date of Excursion \_\_\_\_\_ Leaving Time \_\_\_\_\_ Return Time \_\_\_\_\_

How is the trip being financed? \_\_\_\_\_

Are you taking chaperones? Yes \_\_\_ No \_\_\_ If so, all chaperones need to have an approved background check on file and a list of those attending must be attached to this form and kept in the school office.

**Staff member in charge of the trip must make sure that:**

All Students have a signed permission slip or written consent.

A copy of each student's Emergency Medical Authorization Form and;

Search and Seizure Guideline 5771, should be in your possession while on the trip.

Purpose of field/study trip, and intended educational objectives:

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

**Yellow Bus \_\_\_ or Activity Bus \_\_\_ Number of passengers for bus \_\_\_\_\_**

**Do you need a bus with a wheelchair lift? Yes \_\_\_ No \_\_\_**

*Sponsoring teacher(s) are responsible for adequate supervision for students while on trip. The bus driver will be in charge of all passengers while on bus.*

Teacher(s) Signatures \_\_\_\_\_

Principal's Signature of Approval \_\_\_\_\_

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*This portion of the form is for the Transportation Department only.*

Date Received by Transportation Department \_\_\_\_\_ Approved \_\_\_ Denied \_\_\_

Free Trip \_\_\_ Charge to School \_\_\_

Director of Transportation's Signature \_\_\_\_\_