



School City of Mishawaka

Field/Study Trip Transportation Request

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

Email: workmanm@mishawaka.k12.in.us or Call: extension 4513

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

Principal – Review form, sign and send to Michelle Workman. ***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 _____

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 _____