

**THIS FORM MUST BE TURNED IN 10 DAYS IN ADVANCE OF TRIP!**

**WARREN COUNTY TRANSPORTATION DEPARTMENT  
FIELD TRIP REQUEST FORM**

Date of Trip: \_\_\_\_\_ Time of Departure: \_\_\_\_\_  
School: \_\_\_\_\_ Time of Return: \_\_\_\_\_  
Number of Buses Needed: \_\_\_\_\_ *(sitting "3" to a seat, the buses will hold 78 passengers)*  
Specify Where to be picked up: \_\_\_\_\_  
Comments and/or requests \_\_\_\_\_

Place(s) to be visited: \_\_\_\_\_

Teacher(s) Involved: \_\_\_\_\_

Purpose for this Request: \_\_\_\_\_

How does this trip relate to the curriculum of study? \_\_\_\_\_

How many Students? \_\_\_\_\_ How many Chaperone(s)? \_\_\_\_\_

How many Chaperone(s) per Student? \_\_\_\_\_

How many field trips have been taken this year? \_\_\_\_\_

*By signing this document, you agree to the following...I will be responsible for the students and for the cleanup of the bus. I will observe all safety rules and policies developed by the Warren County Board of Education.*

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

Date: \_\_\_\_\_

Teacher(s) Signature

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date: Date

\_\_\_\_\_  
Nurse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Transportation Director Signature

\_\_\_\_\_  
Date