

Requestor: _____

Group(s) Going: _____

Destination: _____

Date Leaving: _____ Time Leaving: _____

Date Returning: _____ Time Returning: _____

of Students: _____

Needs of SPED:

Educational Objective (Required):

Method of Transportation: Bus Other: _____

Driver: _____

Chaperones: _____

Hotel (if needed): _____ # of Rooms: _____

Cell Phone #'s for Emergency Contact: _____

Students that require medication:

Admission Fees: _____ Transportation Cost: _____ Food/Other: _____

Total Cost: _____

Principal/Superintendent's Approval: _____ Date: _____