

**CALICO ROCK SCHOOL
REQUEST FOR FIELD TRIP
BUS OR SCHOOL VEHICLE**

Teacher or Staff Name _____

Place to be visited _____

Date of Trip _____ Location _____

Grade or Class _____ Number of Students _____

Route or Trip Plan/Roads to be Taken, Stops, Etc.

Departure Time _____

Return Time _____

Request for Bus/School Vehicle:

Field Trip _____
Workshop _____

Athletic Trip _____
Other _____

Teacher or Staff Signature _____ Date _____

Principal Signature _____ Date _____

_____ Approved

_____ Disapproved

Driver Assigned _____

Driver's Signature _____

Bus Number _____