



INSTRUCTIONAL FIELD TRIP REQUEST
COVINGTON INDEPENDENT PUBLIC SCHOOLS

CODE _____ BILL TO: _____
(MUST HAVE CODE OR BILLING INFORMATION BEFORE BUS IS CONFIRMED)

LOGISTICAL INFORMATION (teacher and/or principal)

Teacher's Name _____ Cell Phone# _____

School _____ Grade: _____ No. of Students _____ #Adults _____

TOTAL BUS CAPACITY: K thru 5 = 64 passengers 6 - 12 = 50 passengers

DATE OF TRIP _____ DESTINATION _____

Pick Up Location _____ Return Location _____

Departure time (from school) _____ Return Time (arrive at school) _____

Supervisor(s) other than Teacher _____

DESCRIPTION (completed by Teacher). Please state the instructional goal of this field trip. If this trip meets the qualifications of the arts and humanities or practical living program review, all related documentation should be completed and filed with the school. _____

HEALTH CARE NEEDS

Are any students attending this trip in a wheel chair? YES _____ NO _____ Number of Wheelchairs _____

Does any student on this trip require special medical treatment? Have any specific allergies that would require medication to be given? YES _____ NO _____. If yes, complete below or attach documentation with the student name and medical condition.

NURSE
SIGNATURE _____ DATE _____

INSTRUCTIONAL APPROVAL

PRINCIPAL _____ DATE _____

DIRECTOR (if applicable) _____ DATE _____

TO BE COMPLETED BY TRANSPORTATION

Driver _____ Trip# _____ Bus# _____ Trip Date _____

Time (Lot) Out _____ Time (Lot) In _____ #Trip Hours _____

Odometer Out _____ Odometer In _____ Miles _____

Teacher/Coach/Sponsor Sign _____ Driver Sign _____