

Boone Community School District
FIELD TRIP TRANSPORTATION REQUEST

This form must be filled out completely and signed
 by the administrator prior to being processed

Field Trip Date:	Teacher:
Location of Departure:	Class:
Time of Departure from School:	Number of Students: Adults:
Time of Event:	
Time of Departure from Event:	Location Returning To:
Destination & Address:	
Type of Vehicle Requests: ____ Van ____ Bus	
Instructional Unit Supported:	
Iowa Core Curriculum Standard Supported:	
Expected Learning Outcome:	
Special Information/Lunch Plans, etc.:	
Substitute Needed: ____ Yes ____ No	Substitute:
Bus Estimated Cost: \$5.02 per mile x _____ roundtrip miles = \$ _____	
Van Estimated Cost: \$0.56 per miles x _____ roundtrip miles = \$ _____	
This is my class/teacher one: _____ Within 15 mile trip _____ Within 60 mile trip	
Principal Approval (To be authorized by principal digital signature):	

For Office Use Only

Transportation Request Received on: _____

Transportation Garage Notified: _____

Request Confirmed On: _____