MIAMI EAST LOCAL SCHOOLS

TRIP REQUEST FORM

(All requests must be received in the transportation department at least two (2) weeks in advance)

Teacher(s) Name(s)	
Building	Grade
Date of Request	Number of Students
Trip to	Program
Destination Address	
Date of Trip	
Pick-up Time from School	
Return Time to School	
Please Code Outcomes of Trip to Course of Study:	: (Be Specific)
Adult Chaperones:	
Details of Trip (Include timeline, and other stops, l	lunch arrangements, and any special needs)
Post-trip Activities: (Please be specific)	
Signature of Building Principal	
Signature of Superintendent	
Signed copy will be return to building principal an	d one forwarded to transportation coordinator.
Feachers should be prepared to provide accurate directions for the bu Must enable buses to be back for regular routes. Buses are available t	as driver when necessary. Please note return time to the school from 9:15 a.m. to 2:00 p.m. and after 4:45 p.m. on school days.
SEND FIELD TRIP FORM WITH EXTRA BUS TRIP TICK	ET FORM TO THE SUPERINTENDENT'S OFFICE
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