

**SHELBURNE COMMUNITY SCHOOL FIELD TRIP REQUEST**  
*(For Instate/Local Trips During School Hours)*

Routing: **Transportation Coordinator** \_\_\_\_\_ **Front Office** \_\_\_\_\_

**Teacher Instructions:** Complete this form at least **two weeks** before the field trip when a school bus is required and **one week** when other modes of transportation will be used (including walking). If your team does not meet the time/checklist requirements, your trip will be cancelled.

**Today's Date:** \_\_\_\_\_ **Person Making Request:** \_\_\_\_\_

**Transportation Mode:** (school bus, private bus, parent drivers, walking)

**Group/Team:** \_\_\_\_\_

**Trip Date:** \_\_\_\_\_ **Leave Time:** \_\_\_\_\_  
**Pick Up for Return:** \_\_\_\_\_  
**Time of Arrival at SCs:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Number of Students:** \_\_\_\_\_ **Number of Adults:** \_\_\_\_\_

**Phone Number at Destination:** \_\_\_\_\_ **Teacher Cell #** \_\_\_\_\_

CHECKLIST

- Checked Master Calendar with Esther----- \_\_\_\_\_
- Informed Ancillary Services (SPED, Lit., Math, Band, etc)-- \_\_\_\_\_
- Parents notified on itinerary & transportation mode----- \_\_\_\_\_
- Emergency Card with Field Trip Permission on file  
for each student----- \_\_\_\_\_
- Defined parent/chaperone expectations----- \_\_\_\_\_
- Safety issues/transportation/accessibility for  
disabled students ----- \_\_\_\_\_
- Informed Cafeteria ----- \_\_\_\_\_

DAY OF TRIP RESPONSIBILITIES

- First Aid Kit/Student Meds ----- \_\_\_\_\_
- Carrying Cell Phone? Your # ? ----- \_\_\_\_\_
- Attendance to Office before departure ----- \_\_\_\_\_

**PRINCIPAL SIGNATURE:** \_\_\_\_\_

**SHELBURNE COMMUNITY SCHOOL FIELD TRIP REQUEST  
(For Out of State Trips and Trips Beyond School Hours)**

**Routing:**      Transportation Coordinator \_\_\_\_\_

**Teacher Instructions: Complete this form at least two weeks before the field trip. Give the form to Transportation Supervisor.**

Today's Date: \_\_\_\_\_ Person Making Request: \_\_\_\_\_

Transportation Mode: (school bus, private bus, parent drivers, walking) \_\_\_\_\_

Group/Team: \_\_\_\_\_

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Trip Dates: \_\_\_\_\_ Leave- Date/Time: \_\_\_\_\_

Pick Up- Date/Time: \_\_\_\_\_

Time of Return to SCS: \_\_\_\_\_

Destination: \_\_\_\_\_

Number of Students: \_\_\_\_\_ Number of Adults: \_\_\_\_\_

Phone Number at Destination: \_\_\_\_\_ Teacher Cell #: \_\_\_\_\_

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Relevance to Curriculum \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CHECKLIST**

Checked Master Calendar on GroupWise \_\_\_\_\_

Informed SPED, UA, Para Supervisor, Kitchen \_\_\_\_\_

Parents notified of itinerary/drop off, pick up \_\_\_\_\_

Signed Permission Form for each student \_\_\_\_\_

    including directions for any meds \_\_\_\_\_

Emergency Form copy for each student \_\_\_\_\_

Defined parent/chaperone expectations \_\_\_\_\_

Safety issues/access/transportation for \_\_\_\_\_

    students with disabilities \_\_\_\_\_

**DAY OF TRIP RESPONSIBILITIES**

First Aid Kit \_\_\_\_\_

Principal's phone # in case of emergency \_\_\_\_\_

Teacher's Cell # to Principal \_\_\_\_\_

ID for every student if leaving US \_\_\_\_\_

Attendance to Office on departure/return \_\_\_\_\_