

# Salem Field Trip Request Form

Teacher Name:	
Day/Date:	
Grade Level:	
Classes Involved:	
# of Students:	
# of Adults:	

Objective/Purpose of trip:

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Describe how this trip fits into your grade level curriculum:

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Pre-trip lessons:

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Post-trip lessons:

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Teacher is responsible to collect permission forms, alphabetize, and scan to the secretary

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

## Office Use

1. Teacher completes the form, makes a copy, and submits to their director
2. Director submits a district transportation request   
<https://www.americanprep.org/transportation-request/>
3. Director gives one copy to Mr. Wilson and one copy to the secretary
4. Mr. Wilson assigns a driver and notifies the secretary
5. Secretary enters itinerary data into Skyward
6. On the day of the field trip, Secretary copies the itinerary and gives a copy to each adult, including driver

# Salem Field Trip Itinerary

Day & Date \_\_\_\_\_

Loading Time 1 \_\_\_\_\_ plan time to get/organize lunches

Departure Time 1 \_\_\_\_\_ allow 10 minutes to load

Arrival Time 1 \_\_\_\_\_

**Destination 1** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address** \_\_\_\_\_

Loading Time 2 \_\_\_\_\_

Departure Time 2 \_\_\_\_\_

Arrival Time 2 \_\_\_\_\_ buses must be back by 2:45/1:45 pm

**Destination 2** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address** \_\_\_\_\_

Loading Time 3 \_\_\_\_\_

Departure Time 3 \_\_\_\_\_

Arrival Time 3 \_\_\_\_\_ buses must be back by 2:45/1:45 pm

**Destination 3** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address** \_\_\_\_\_

Loading Time 4 \_\_\_\_\_

Departure Time 4 \_\_\_\_\_

Arrival Time 4 \_\_\_\_\_ buses must be back by 2:45/1:45 pm

Special Notes or Instructions:

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\_\_\_\_\_  
\_\_\_\_\_  
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Adults \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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Bus Driver \_\_\_\_\_ Cell Phone # \_\_\_\_\_