

School Transportation Request Form #1  
Tax Exempt No. 715598-00  
Transportation Office:  
219-253-6685

Date Received in Admin. Office \_\_\_\_\_

**NORTH WHITE SCHOOL CORPORATION  
MONON, INDIANA  
TRIP FORM  
TO BE COMPLETED FOR ALL SCHOOL SPONSORED TRIPS**

**SUBMIT FORM TO ADMINISTRATION OFFICE  
TWO WEEKS PRIOR TO TRIP**

DATE SUBMITTED: \_\_\_\_\_ DATE OF TRIP: \_\_\_\_\_ NUMBER OF BUSES/VANS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GROUP TAKING TRIP: \_\_\_\_\_ NUMBER IN GROUP: \_\_\_\_\_

TEACHER/LEADER IN CHARGE: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_ RETURN TIME: (APPROX): \_\_\_\_\_

DIRECTIONS: (only complete if the destination might be unfamiliar to the bus driver)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RATIONALE FOR THE FIELD TRIP**

How does this field trip relate to your curriculum? Which state standards are being addressed?

What preliminary teaching/learning activities will occur prior to the field trip?

What follow-up teaching/learning activities are planned after the field trip experience?

TRIP APPROVAL: Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Transportation Director: \_\_\_\_\_ Date: \_\_\_\_\_

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

**DRIVER INFORMATION**

Departure Time: \_\_\_\_\_ Date: \_\_\_\_\_

Return Time: \_\_\_\_\_

Driver Signature: \_\_\_\_\_

Sponsor/Coach Signature: \_\_\_\_\_

CENTRAL OFFICE USE ONLY	
Hours	_____
Pay	_____