

MINERAL WELLS ISD TRIP/FIELD TRIP REQUEST (revised 03/26/07)

Name of Employee _____ Date _____

Group _____ School/Dept _____ Type of Activity _____

Date(s) of Trip: From _____ To _____ Pickup Time _____ Return Time _____

Type of Vehicle requested: Bus(BIG/mini) _____ Van _____ Suburban _____

Pickup _____ Trailer _____ U-haul _____

Destination of Trip _____ No. in group _____ Source of Funding _____

No. of students in group _____ No. of teachers _____ No. of others _____

Learning experiences that your group will encounter on this trip _____

Will staff/students/members of group miss any classes? Yes _____ No _____

Explain (if necessary) _____

I certify that I have checked the scholastic eligibility of each student on this trip and that the students are aware of the departure and return times for this trip and that this trip has been placed on the school calendar and does not significantly conflict with any activity already on the calendar.

I also certify that adequate adult supervision will be on each bus or vehicle and that parent permission slips are on file.

All field trips during school days must leave and return before normal bus routes begin

All overnight trips and field trips after May 1st must be approved by the Superintendent

Any Special Ed trip must be approved by the Director of Special Ed

Signature of employee _____

For School office use only:

Trip approved _____ Trip disapproved _____ :

Signature of Special Ed Director or Principal/Asst Principal _____

Signature of Superintendent/Asstistant Superintendent _____

Please fax or turn in to the transportation office at least five (5) working days prior to the trip/field trip

Transportation Dept. use only:

Approved by: _____ Vehicles/Buses to load
at _____

Vehicle(s)/Bus(es) assigned _____ Driver(s)
assigned _____

Total mileage _____ x \$0.75/mile Total mileage cost _____

No. of hours _____ x No. of Drivers _____ x \$7.50/hour Total Driver(s)
cost _____

Number of vehicles/buses _____ x miles per vehicle/bus _____ Total mileage _____

Beginning mileage _____ Ending mileage _____ Total Cost _____