

**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 \_\_\_\_\_

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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 lease five (5) working days prior to the trip/field trip

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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 Dirver(s)  
cost \_\_\_\_\_

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

Beginning mileage \_\_\_\_\_ Ending mileage \_\_\_\_\_ Total Cost \_\_\_\_\_