

**SCHOOL CITY OF EAST CHICAGO  
TRANSPORTATION DEPARTMENT**

**TRANSPORTATION AUTHORIZATION FOR REGULAR AND EXTENDED FIELD TRIPS**

1. This form is to be filled out and sent to the Superintendent / Designee for approval.
2. The objective and rationale for the Field Trip must be attached to this request.
3. A separate request form must be completed for each field trip.

**\*NOTE:** One (1) day Field Trip requests must be in the Superintendent's office **two (2) weeks prior** to each scheduled Field Trip.  
Extended Field Trip requests must be in the Superintendent's office **one (1) month prior** to each extended Field Trip.

<b>THIS SECTION TO BE COMPLETED BY BUILDING PRINCIPAL</b>		
Date of trip: _____ Destination: _____ Group: _____ _____		
Departure Time From School: _____	Return Time To School: _____	Type of Transportation Requested: ___ Bus ___ Van ___ Handicapped Vehicle
Number of Riders: _____	Full Name of Teacher in Charge: _____	Date Submitted: _____
Comments: (include all directions and or special instructions): _____ _____		
Approved by Principal: _____	School: _____	Date Approved: _____
Signature		
Approved by Superintendent or Designee: _____	Date Approved: _____	
Signature		
<b>THIS SECTION TO BE COMPLETED BY THE TRANSPORTATION DEPARTMENT</b>		
Date Received: _____	Date Acknowledged: _____	Vehicle Type: ___ Bus ___ Van ___ Handicapped Vehicle
Dispatched by: _____	Date: _____	
Title		
mc 7.19.2012		

**SCHOOL CITY OF EAST CHICAGO  
FIELD TRIP RATIONALE**

In compliance with the curriculum guidelines adopted by the Indiana Department of Education 1985, school day interruptions are justifiable if they enhance the educational experience of the students. All requests for activities which would interrupt the normal school day curriculum (field trips) must be approved by the principal and the superintendent or his designee.

**PLEASE COMPLETE THE FORM BELOW IN ITS ENTIRETY. MUST BE SUBMITTED TWO (2) WEEKS IN ADVANCE ALONG WITH THE TRANSPORTATION REQUEST FORM.**

Nature of Request/Destination: \_\_\_\_\_  
\_\_\_\_\_

Group: \_\_\_\_\_

Full Name of Teacher in Charge: \_\_\_\_\_

Other Teacher Participants: \_\_\_\_\_

Number of Riders: (children) \_\_\_\_\_ (adults) \_\_\_\_\_

Day / Date of Activity: \_\_\_\_\_

**ARRANGEMENTS:**

Transportation: \_\_\_ SCEC      OTHER: (list full name of company) \_\_\_\_\_

Cost: \_\_\_\_\_ per student/faculty member. Paid by: \_\_\_\_\_

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

Objectives and Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOOD SERVICE:** Please indicate how many lunches you will need OR check the box indicating *no sack lunches*.

Please provide \_\_\_\_\_ sack lunches. \_\_\_ Sack lunches are NOT being requested.

**\*NOTE:** A meal ticket must be turned in for every lunch received.

All requests and principal's action upon the requests are subject to review by the Board of School Trustees.

Approved \_\_\_ Denied \_\_\_ Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

Approved \_\_\_ Denied \_\_\_

\_\_\_\_\_  
Superintendent or Designee Signature

\_\_\_\_\_  
Date

**\*An email will be sent to you once your request has been processed\***