

**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.

THIS SECTION TO BE COMPLETED BY BUILDING PRINCIPAL		
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		
THIS SECTION TO BE COMPLETED BY THE TRANSPORTATION DEPARTMENT		
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