

Grand Avenue School Field Trip Form

All Trips Must Return by 2:30 PM

Teacher Requesting Trip: _____

Activity/Event: _____

Budget Code: 5540-415-17-0000

Trip Date: _____ Time Leaving: _____ Time Returning: _____

Destination: _____

Contact Name: _____

Contact Phone #: _____

Destination Address:

Street: _____

City: _____ Zip: _____

Equipment: School Bus Coach Bus Wheelchair Bus (circle one)

of Students: _____ # of Adults: _____ (**ratio 1 adult to 10 children**)

List of Adults: _____

of Buses: _____ Buses Funded by: District Grant Students Other
(circle one)

Estimated Hours: _____ Estimated Cost: _____

Please submit at least 10 days in advance if walking, 15 days if transportation is needed.