Tulpehocken Area School District Field Trip and Transportation Request Form

| Transportation Type Requested: | Van | Bus | Motorcoach | |
|--|---------------------------------------|-------------------------------|--------------------------------------|--|
| (Bus holds 72 passengers, 3 per seat, o | r 48 passengers, 2 | per seat. Van holds 9 passeng | ers and 1 driver) | |
| Submit this form a minimum of the A list of students and chaperone will need a roster of all passenger | es must be subm | uitted to the office prior to | departure. Also the bus driver | |
| If requesting a van, please list the dri (Driver must have completed MVR on file in or | ver's name: rder to drive van) | | | |
| Teacher(s) Name(s): | | Building: | Grade: | |
| Teacher (s) Cell Phone Number(s) (only in case | e of emergency): _ | | | |
| Date of Trip: | | Number of Riders: Stud | lents Adults | |
| Location/Destination/Event:(All overnight trips and out of State require app | proval of the Boar | | icles:ate the field trip.) | |
| me of Contact: | | Phone #: | Phone #: | |
| Leaving Time: | aving Time: Returning Time to School: | | ol: | |
| Program Starts: | | Ends: | | |
| Student Pick-Up & Drop-Off Location at respec | ctive school buildi | ng: | | |
| Special Instructions/Directions: | | | | |
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| T 1 C' | | | | |
| Teacher Signature | Da | nte | | |
| Signature of Principal | Da | Date | | |
| Signature of Superintendent | | Date | | |
| Signature of Transportation Coordinator | | nte | | |
| (Questions – Contact Mary Snyder at 610-488-After hours 484-256-2171 or Brandywine Tran | | | org. Internal school extension x2073 | |
| Account code: | | | | |
| | | | | |
| | OFFICE | USE ONLY | | |

Cost per bus: \$_____

Board approval date _____