

**ATLANTA PUBLIC SCHOOLS
FIELD TRIP REQUEST FORM**

School		School Code		Phone		Field Trip Date	
Destination/Address							
PLEASE NOTE: Atlanta Public Schools Regulations prohibit stopping for lunch. No school will be Picked up before 9:00 A. M. All buses must return to school by 2:00 P. M.							
Buses Needed		No. of Passengers		Teachers		Students	
Event Starting Time				Event Ending Time			
Time Departing School				Time Returning to School			

(Times Must Be Exact: No School Can Be Scheduled Before 9:00 A. M.)

(Must Return To School Before 2:00 P. M.)

School Account No. /Program To Be Charged _____
(Trip form will not be processed or scheduled without account number.)

Routing of Copies:

- Original: Accounting Department
- 2: Transportation File Copy
- 3: Payroll Copy
- 4: Driver's Copy

_____/_____
 Teacher Requesting Trip Date

_____/_____
 Principal's Approval Date

_____/_____
 Executive Director's Approval Date

SPECIAL INSTRUCTIONS	

TEACHER'S SIGNATURE / REMARKS _____

ARRIVAL TIME _____ RETURN TIME _____

Chaperone or Teacher in charge must sign the arrival and return time upon completion of trip

TO BE COMPLETED BY THE TRANSPORTATION DEPARTMENT

Driver's Name _____ Bus Number _____

Report Time At Bus Yard _____ Arrival Time At School _____ Return To School/Bus Yard _____/_____

Driver's Signature _____ Date _____

AMOUNT CHARGED = TOTAL TIME USED _____ X \$25.00 PER HOUR = _____

 Transportation Representative

Total Driver Hours _____