

Taylorville Community Unit School District #3

Trip Request Form & Bus/Van(s) Order

Date of Request: _____ Teacher/Sponsor: _____ School: _____

Contact # During Trip: _____ Class/Organization: _____

Date of Trip: _____ Number of Days: _____

Overnight trips must be approved by the Board before going on trip

Number of Students: _____ Number of Adults: _____

Destination (Site & City): _____

Purpose / Educational Goal(s) of trip: _____

Category of Trip

- Educational Field Trip during school hours
- Educational Field Trip outside school hours
- Academic Contest
- Athletic Event
- Extra-curricular

Method of Transportation

- Bus*
- School Van(s)
- Parent

*Bus may not be ordered until request fully approved by Supt.

Transportation Paid By

- Activity Fund
- District
- Other (please list name) _____

Sub Needed?

- Yes
- No

Approved by: (Principal) _____ Date: _____

Approved by: (Superintendent) _____ Date: _____

Bus Order - please complete if applicable (Bus will be ordered once request has been approved by Superintendent)

Date of Request: _____ School: _____

Date of Trip: _____ Teacher/Sponsor: _____

Class/Organization: _____ Destination (Site & City): _____

Time of Departure: _____ Return time: _____

Number of Students: _____ Number of Adults: _____