

Ashford Public Schools Field Trip/Bus Request Form

Revised 08/2024

Requests must be authorized by the Principal and Transportation prior to making any reservation commitment for field trips

Requesting Teacher(s)

Grade

Trip/Event Destination/Address

Date of Trip/Event

Departure Time	Arrival Time at School	Number of Buses	Number of Students	Number of Chaperones*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*As stated in handbook; or appropriate number as determined by the hosting venue or destination. Include staff members in total

Total Cost Per Person

Substitute Coverage Needed?

Substitute Coverage For:

Yes No

List Curriculum Specific Objectives:

Student Accommodations, if any

Special Ed ____ 504 ____ Car Seat ____

Nurse Required

Signature of Requesting Person

Date

Principal Authorization/Date

Transportation Approval/Date

Superintendent Authorization/Date

School Activity Fund Payment Amount

Date Issued and Check Number