



AVON LOCAL SCHOOLS

Check Appropriate Vehicle	
Bus	<input type="checkbox"/>
Lift Bus	<input type="checkbox"/>
Van	<input type="checkbox"/>
Truck	<input type="checkbox"/>

FIELD TRIP VEHICLE REQUEST

Building: _____ Today's Date: _____ Date of Use: _____

Number of Students: _____ Adults: _____ Total: _____

Number of Vehicles Needed: _____ (50 students per bus)

Destination: _____

Purpose of Trip:

Departure Time: _____ AM PM Food Stop? YES NO

Approximate Time of Return: _____ AM PM

Approximate Miles to be Traveled: _____

Person(s) In Charge of Students on Vehicle: _____

Advisor Requesting Vehicle: _____

Advisor Cell Phone: _____

Route Requested: If requesting a specific route to be taken, provide specific directions and map)

***** FOR OFFICE USE ONLY *****

Principal's Signature: _____

Superintendent/Designee's Signature: _____

Transportation Department Signature: _____

<p>ADVISORS: YOU MUST HAVE A CLASS LIST WITH YOU WHICH INCLUDES NAME, BIRTH DATE, ADDRESS, PHONE NUMBER AND MEDICAL INFORMATION OF EACH STUDENT ON ALL FIELD TRIPS AND/OR ATHLETIC EVENTS.</p>
