

PLANO ISD

FIELD TRIP REQUEST FORM

Version: FY 2019

Field Trip Type: Field Trip Staff Trip Athletics Trip

Trip Leave:

Date: _____

Time: _____

No buses are available before 9:15AM, weekdays

Trip Return:

Date: _____

Time: _____

Bus must be unloaded by 2:00PM, weekdays

Out-of-State? Yes No

School:

Campus: _____

Location: _____

Location Example: Front Drive, Near Flag Pole, West side near bus lane, etc. Please be location specific.

Field Trip Contact:

Name: _____

Phone: _____

Email: _____

Comments:

Enter any comments about this trip that is important for the driver to know such as parking at the destination. This information will print on the trip ticket for the driver.

Main Destination:

Please list entire name and physical address of main destination. Street Name, Street Number, City, and Zip Code

Additional Stops on the Way to Destination: _____

Additional Stops on the Return Trip: _____

Funding Source / Budget Code:	
Fund.Function.Object.Sub-Obj.Org Code.Program.Project	
Bus Request:	_____
Truck Request:	_____

Educational Objective:

Number of Individuals Making Trip:

Total Students: _____

Total Adults: _____

Total No. of Wheelchairs: _____

Will students be away from school during lunch?

Yes

No

- *Only PISD staff members and authorized chaperones are allowed on district owned or leased vehicles. It is the responsibility of the Sponsor and chaperone to maintain discipline on the bus. There should be no eating, drinking, or objects allowed out the bus windows. EVERYONE must remain seated while the bus is in motion.*
- *Should students be away for lunch: This system allows a notification be sent to the campus cafeteria. It will also ask if sack lunches need to be provided for the number of students that are listed in the request.*

Vehicles Needed:

Yellow Bus	Special Needs Bus	Box Truck	Tractor	Charter Bus	Suburban
Quantity: _____	Quantity: _____	Quantity: _____	Quantity: _____	Quantity: _____	Quantity: _____

PISD has a standardized busing fleet. 55 Passengers total per yellow bus. 17 Passengers + 2 Wheel Chair Slots per Special Needs Bus.

Approved By:

Principal Signature: _____

Printed Name: _____

Date: _____