

ROXANA COMMUNITY UNIT SCHOOL DISTRICT NO. 1
ROXANA, ILLINOIS
CLASS FIELD TRIP/BUS REQUEST

DATE SUBMITTED: _____

TRIP DATE: _____

_____ requests the _____ attend a field trip to _____
(Name of Teacher) (Name of Class) (Destinations: name of place, town, state)

Bus: Yes ____ No ____ No. of Miles: _____ # Adults _____ # Students _____
(Round trip)

Departure time from school: _____ Return time to school: _____

Loading Location: _____

Is this an educational/curriculum related field trip? No Yes If yes, state the specific curriculum objective that is directly related to this field trip. This must be completed in order to claim reimbursement from the state.

Fill out request and have it approved by the building principal at least two weeks prior to trip.

Curriculum Objective: _____

Request made by: _____

Approved by: _____

Confirmed _____
Bus Unavailable _____
Transportation Office Use Only