

Hamilton Community Consolidated School District #328

Activity / Field Trip / Bus trip

Name _____ Date _____

Building _____ Organization _____

Activity _____

Date of Activity _____ Destination _____

Times:

Departing from school: _____

Activity beginning: _____

Activity ending: _____

Arriving back to school: _____

Comments/Details:

Is a substitute needed? YES or NO For which teachers/staff? _____

Is transportation needed? YES or NO For how many? Adults _____ Students _____

Employee Signature _____

Principal Signature _____ Date _____ Approved? YES or NO

Superintendent Signature _____ Date _____ Approved? YES or NO

Transportation Director _____

Driver Assigned _____ Vehicle(s) (Bus, Van, ect.) _____

Odometer Beginning _____ Odometer Ending _____

Gas Expenses? (Attach receipts) YES or NO

All forms must be submitted **10 days prior** to activity. Please make sure that trash/debris has been removed from vehicle after use. Any maintenance issues or concerns are to be reported to Transportation Director.