RIVERSIDE LOCAL SCHOOLS TRANSPORTATION DEPARTMENT FIELD TRIP APPLICATION

ALL REQUESTS MUST BE RECEIVED IN THE TRANSPORTATION OFFICE AT LEAST 10 DAYS PRIOR TO DEPARTURE DATE-EARLIER IF POSSIBLE

Date of Application	Teachers Name		
Building	Grade	Date of Trip	
Departure Time From School_ (ALL SCHOOL DAY FIEL)	D TRIP BUSES M	Return Time to School	ING BY 1:45)
Destination		Phone	
Address			
		Phone	
Purpose of Trip			
Teachers/			***********
How many Chaperones?	Studen	ts?Total Passen	gers
		anization? Yes Total # of Buses Needed	
*Note-if there is a parking or dr payment. Bus parking should be		, person in charge of trip will be r trip.	esponsible for
Has Bus Parking Been Arrange	ed?	Map Attached?	
Have Food Stops Been Arrange	ed and Where?		
Location for Student Pick Up a	t School		
IS THERE SPECIAL EQUIPM	ENT REQUIRED	? Yes No Students Name	
		s No Students Nameease list on the back)	
Approved by Principal(Trans	portation Office U	Date Use Only Below This Line)	*****************
Approved by Transp. Director	HE RIVERSIDE LOCAL S		Waived
Field Trip Rate Mileage Rate (Remember to add 1	\$30.00 per hour \$ 1.51 per mile hour extra to cover	drivers travel time and clean up time)	