



Timnath Elementary
Field Trip Bus Request
To Be Completed by Teacher/Sponsor



TODAY'S DATE: _____

TEACHER/SPONSOR: _____ GRADE LEVEL(S): _____

DATE OF FIELD TRIP _____ NUMBER OF BUSES: _____

DESTINATION _____

PICK-UP TIME AT TIMNATH _____ DROP-OFF TIME AT TIMNATH _____

NUMBER OF STUDENTS _____ NUMBER OF ADULTS _____

BUSES TO BE PAID BY _____

ADMISSION TO BE PAID BY _____

WILL STUDENTS BE ASKED TO PAY ADMISSION FOR THIS FIELD TRIP? _____ NO

YES, STUDENTS WILL BE ASKED TO PAY \$ _____

Instructions/Notes:

Please remember notify Barbie in the Cafe of the number of sack lunches required for Free/Reduced students. Also let Kathy in the Health Office know of any health needs.

For Office Use Only:

Date Requested: _____ *Date Approval Received:* _____

REQUEST ID _____ **TRIP ID** _____