

**Boone Community School District**  
**FIELD TRIP TRANSPORTATION REQUEST**

This form must be filled out completely, signed by the administrator and then sent to [lwoodruff@boone.k12.ia.us](mailto:lwoodruff@boone.k12.ia.us) at least TWO WEEKS PRIOR to date of trip.

Field Trip Date: May 26th	Teacher: 1st grades at Page and Lincoln
Location of Departure: Page and Lincon	Class: 1st grades both buildings
Time of Departure from School: Lincoln) 9:00-9:30- Streeter 9:40-10:10- Troncoso 10:20-10:50- Johnson  (Page) 1:20-1:50- Zimmerman 2-2:30- Klepper	Number of Students:          Adults: Lincoln)- 20 students 2 adults per class room 9:00-9:30- Streeter 9:40-10:10- Troncoso 10:20-10:50- Johnson  (Page)- 24 students and two adults 1:20-1:50- Zimmerman 2-2:30- Klepper
Time of Event: See above	
Time of Departure from Event: Please let us know	Location Returning To: their own building
Destination & Address: Franklin	
Type of Vehicle Requests:          ___ Van          __X_ Bus	
Instructional Unit Supported:	
Iowa Core Curriculum Standard Supported:	
Expected Learning Outcome:	
Special Information (lunch plans, need handicap bus or 5-point harness(es)):  One two harnesses needed	

Substitute Needed:    ___ Yes        ___ No		Please ask for substitute through Aesop
Bus Estimated Cost:	\$5.02 per mile x _____ roundtrip miles = \$ _____	
Van Estimated Cost:	\$0.56 per miles x _____ roundtrip miles = \$ _____	
This is my class/teacher one:        _____ Within 15 mile trip        _____ Within 60 mile trip		
Principal Approval (To be authorized by principal digital signature):		

**For Office Use Only**

Transportation Request Received on: \_\_\_\_\_

Transportation Garage Notified: \_\_\_\_\_

Request Confirmed On: \_\_\_\_\_