

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

This form must be filled out completely, sent to building principal for approval and lwoodruff@boone.k12.ia.us at least TWO WEEKS PRIOR to the date of trip.

Field Trip Date: Tuesday, April 23, 2024	Teacher: Mrs. Eldridge
Location of Departure: Sacred Heart School	Class: Kindergarten - 4th
Time of Departure from School: 11:30 am	Number of Students: 46 Adults: 5-7
Start Time of Event: 12:30 pm	
Time of Departure from Event: 1:30-2 pm	Location Returning To: Sacred Heart School
Destination Name & Address: CY Stephens, 1900 Center Dr, Ames, IA 50011	
Type of Vehicle Requests: ___ Van <u>X</u> Bus	
Instructional Unit Supported:	
Iowa Core Curriculum Standard Supported:	
Expected Learning Outcome:	
Special Information (lunch plans, need handicap bus or 5-point harness(es)):	
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): <i>Sue Eldridge</i>	

For Office Use Only

Transportation Request Received on: _____

Transportation Garage Notified: _____

Request Confirmed On: _____