

10FFABoone 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: 06/05/25	Teacher: Fitzgerald & Reicks
Location of Departure: 6th St Ag Shop Doors	Class: FFA - North Central COLT
Time of Departure from School: 7:00 AM	Number of Students: 7 Adults: 2
Start Time of Event: 8:15 AM	
Time of Departure from Event: 2:00 PM	Location Returning To: High School
Destination Name & Address: Ellsworth Community College, Iowa Falls	
Type of Vehicle Requests: __1__ Van ___ Bus	
Instructional Unit Supported: Career Ready Practices	
Iowa Core Curriculum Standard Supported: AFNR Standards & Career Ready Practices	
Expected Learning Outcome: Students will attend Chapter Officer Leadership Training (COLT) to prepare for the next years officer duties.	
Special Information (lunch plans, need handicap bus or 5-point harness(es): Need a 12 passenger van.	
Substitute Needed: ___ Yes __X__ 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 __128__ roundtrip miles = \$ __72.00__	
This is my class/teacher one: _____ Within 15 mile trip _____ Within 60 mile trip	
Principal Approval (To be authorized by principal digital signature): Jon Johnson	

For Office Use Only

Transportation Request Received on: _____

Transportation Garage Notified: _____

Request Confirmed On: _____