

**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](mailto:lwoodruff@boone.k12.ia.us) at least TWO WEEKS PRIOR to the date of trip.

Field Trip Date: Dec 5th	Teacher: Phipps
Location of Departure: BHS front main door	Class: Health Occ
Time of Departure from School: 8:30 AM	Number of Students: 16 Adults: 1
Time of Event: all day	
Time of Departure from Event: 2:15	Location Returning To: BHS
Destination & Address: 1. Mercy Hospital in AM 2. DesMoines Univ 12:45-2:15 1. Mercy 1111 6th Ave DSM 2. DMU 3200 Grand	
Type of Vehicle Requests: ____ Van __X__ Bus	
Instructional Unit Supported: Career Exploration and Anatomy, Physiology and Pathology	
Iowa Core Curriculum Standard Supported:	
Employability Skills 21st C DMACC Health Occupations Standards	
Expected Learning Outcome:	
Application of learning outcomes in the real working world	
Special Information (lunch plans, need handicap bus or 5-point harness(es):	
Lunch will be at one of the sites.	
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 _____ 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: \_\_\_\_\_