

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: Thursday, Dec. 1st	Teacher: Truckenmiller
Location of Departure: BHS	Class: Band
Time of Departure from School: 3:00	Number of Students: 6 Adults: 1
Time of Event: 4:00	
Time of Departure from Event: 7:30	Location Returning To: BHS
Destination & Address: Roosevelt High School	
Type of Vehicle Requests: __X__ Van (Cargo Van if possible) ___ 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):	

For Office Use Only

Transportation Request Received on: _____

Transportation Garage Notified: _____

Request Confirmed On: _____