



TRANSPORTATION / FIELD TRIP REQUEST FORM

Transportation Request Forms must be submitted for approval 10 WORKING DAYS PRIOR to the date of any VCS event.
This form is required for ALL Pre-K-12th school events and field trips. This goes to Tammy first.

Today's Date: _____

Name of Person Requesting Event: _____

Name of Event: _____

Date of Event: _____

The Following Transportation is Needed for this Event: Bus Other _____

Name of the Bus Driver: _____

List All Approved Drivers for Personal Vehicles: _____

Departure Time: _____ Return Time: _____ # of Students: _____

Who will Chaperone/Supervise: _____

Field Trip requests shall be made to the office by submitting this form. The event will be reserved and placed on the school calendar only when the administration approves the use. I agree and understand that all Field Trips will be in accordance with our beliefs, statements of faith and core values.

Signature - person submitting this form

Date

Approval/Routing List

Initial

Date

Comments

Main/Elem. Office Manager

Keaton Surratt

Cheryl Nurse

Ed Norman

Healey Glessner

JH/HS Office Manager