

**ANTWERP LOCAL SCHOOLS
FIELD TRIP REQUEST**

Date of Request _____

CLASS / GROUP _____ **DATE OF TRIP** _____
MM/DD/YY

DESTINATION _____ **Number of People** _____
Location/Venue

Address/City/State _____ **Depart Time** _____

Destination Phone _____ **Return Time** _____

TEACHER / SUPERVISOR _____

Additional Supervisors _____

EDUCATIONAL OBJECTIVE OF TRIP _____

_____ *We will be stopping for a meal at (restaurant)* _____
in/near (city) _____

* All Student Activity Accounts that begin with Fund 200 will be charged \$20 per hour for the cost of the Bus and the Bus Driver.

This trip is in conformity with rules and regulations established by the Ohio Department of Education.

REQUEST APPROVED DISAPPROVED _____

REQUEST APPROVED DISAPPROVED _____

TRIP DATA:

Bus Driver (Print) _____ **Bus Number** _____ or **Van Used** _____

Date of Trip _____ **Destination** _____
Venue, City, State

Mileage Returning	
Mileage Leaving	
TOTAL MILEAGE	

Time Returning _____

Time Leaving _____

TOTAL HOURS _____

Driver Signature _____

BUS SEATING CHART-Please Print Neatly

DRIVER _____ **Bus No.** _____

1 Aisle _____
Center _____
Window _____

2 Aisle _____
Center _____
Window _____

3 Aisle _____
Center _____
Window _____

4 Aisle _____
Center _____
Window _____

5 Aisle _____
Center _____
Window _____

6 Aisle _____
Center _____
Window _____

7 Aisle _____
Center _____
Window _____

8 Aisle _____
Center _____
Window _____

9 Aisle _____
Center _____
Window _____

10 Aisle _____
Center _____
Window _____

11 Aisle _____
Center _____
Window _____

12 Aisle _____
Center _____
Window _____

13 Aisle _____
Center _____
Window _____

14 Aisle _____
Center _____
Window _____

15 Aisle _____
Center _____
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16 Aisle _____
Center _____
Window _____

17 Aisle _____
Center _____
Window _____

18 Aisle _____
Center _____
Window _____

19 Aisle _____
Center _____
Window _____

20 Aisle _____
Center _____
Window _____

21 Aisle _____
Center _____
Window _____

22 Aisle _____
Center _____
Window _____

23 Aisle _____
Center _____
Window _____

24 Aisle _____
Center _____
Window _____

~~~~~ **For 84 Seat Buses Only**

**(Buses 2 – 6 – 10)** ~~~~~

25 Aisle \_\_\_\_\_  
Center \_\_\_\_\_  
Window \_\_\_\_\_

26 Aisle \_\_\_\_\_  
Center \_\_\_\_\_  
Window \_\_\_\_\_

27 Aisle \_\_\_\_\_  
Center \_\_\_\_\_  
Window \_\_\_\_\_

28 Aisle \_\_\_\_\_  
Center \_\_\_\_\_  
Window \_\_\_\_\_