

GPS Field Trip Form

School: (Circle) WES BES MS HS	Grade Levels: K 1 2 3 4 5 6 7 8 9 10 11 12
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Number of Students: _____	Number of Chaperones + Teacher: _____
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Number of Students in Wheelchairs: ____	Trip Date: _____
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Destination: _____

Address: _____

City: _____	State: _____	Zip Code: _____
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Time of Departure: _____	Estimated Time of Return: _____
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*Requests with departures earlier than 8:00am and/or returns later than 2:00pm (when school is in session) must have prior approval from the Director of Transportation

Transportation Request: (check one)
 ___ Walking ___ Hired Bus ___ GPS Lift Bus ___ GPS Mini Bus ___ GPS Yellow Bus

*Please submit to the Transportation Director at least three (3) days prior to the date of the field trip. Requests for a GPS Mini Bus must have a driver that has completed the GPS Driving Certification Program.

Teacher's Signature: _____ **Date:** _____

Director of Transportation

Total Miles _____ X Total # of Buses _____ X \$.585 (cost per mile) = \$ _____

Total Hours _____ X Total # of Buses _____ X \$33.00 (cost per hr) = \$ _____

Total Number of Assigned Buses: _____	Total Trip Cost: \$ _____
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Director's Signature: _____ **Date:** _____

School Principal

Cost: Administration Fee: \$ _____

Transportation Fee: \$ _____

Total Cost Per Student: \$ _____

Approved Not Approved

Principal's Signature: _____ **Date:** _____

Superintendent's Office

Approved Not Approved

Superintendent's Signature: _____ **Date:** _____