



Holmes District School Board

701 East Pennsylvania Avenue
Bonifay, FL 32425

TEL (850) 547-9341
FAX (850) 547-0381

Revised 2/11/20

FIELD TRIP/BUS REQUEST FORM

SCHOOL _____ CLUB/GRADE _____

DATE OF TRIP _____ DESTINATION _____

CHECK ALL THAT APPLY: OVERNIGHT _____ OUT OF STATE _____ 100+ MILES (ONE WAY) _____

EDUCATIONAL PURPOSE OF TRIP/RELATED FLORIDA STANDARDS (attach additional pages if necessary)

DEPARTURE TIME _____ RETURN TIME _____ TYPE OF TRANSPORTATION _____

OF BUSES REQUESTED _____ DRIVER'S NAME _____

ROUND TRIP MILES (estimate) _____ # OF STUDENTS _____ # OF CHAPERONES _____

SPONSORS _____

CHAPERONES _____

HOW IS TRIP TO BE FUNDED? _____

PROJECTED TOTAL COST _____ COST PER STUDENT _____

COULD TRAVEL BE COORDINATED WITH ANOTHER SCHOOL/CLUB IN THE DISTRICT? _____

PRINCIPAL'S SIGNATURE

DATE APPROVED

SUPERINTENDENT'S SIGNATURE

DATE APPROVED

TRANSPORTATION DEPARTMENT USE:

DATE RECEIVED _____ APPROVED _____ DENIED _____ REASON _____

Form should be submitted to the **Transportation Department** at least 30 days prior to trip.



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BUS DRIVER/SPONSOR FIELD TRIP SHEET (To be completed the day of the trip)

SCHOOL _____ DATE _____

DRIVER _____ BUS # _____

STARTING MILEAGE _____ ENDING MILEAGE _____ TOTAL MILES _____

START TIME _____ END TIME _____

DESTINATION _____

While away from home base you are not only responsible for the students' safety, but also the bus and its equipment. The bus must be secure and in a safe location.

_____ I have performed a pre-trip and post-trip inspection. *(Check to acknowledge)*

DRIVER'S COMMENTS _____

DRIVER'S SIGNATURE

TRANSPORTATION DEPARTMENT USE:

ACTUAL MILES _____ @ \$.75 = _____