

Received Date:	Faxed to Bus Office:	Faxed to School:	Logged:
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Type Bus Requested (Circle): School Bus Activity Bus TCTC Bus Charter

**COLLETON COUNTY SCHOOL DISTRICT
FIELD TRIP/BUS/TEACHER RELEASE REQUEST**

Directions: Submit to the District Office Personnel at least 10 working days prior to the field trip.

School _____ Grade/Organization _____

Teacher/Sponsor Involved _____

Destination _____

Educational Purpose of trip _____

Date(s) _____ Departure Time (from school) _____ Return Time (at school) _____

Is this trip on the approved trip list? YES _____ NO _____

If not on approved list, lesson plans must be attached.

Will you be stopping to eat during your trip? YES _____ NO _____

What are the arrangements for "free lunch students"? _____

Number of bus passengers: Students _____ District Staff _____ Chaperones _____ Names

Number of buses needed _____

Do you need a driver? YES _____ NO _____ If so, how many? _____ 1.

If not, who will be driving for you? _____ 2.

Directions: List by road name or number, the route which you will be following. 3.

(Please don't write "Best Way," or "Appropriate Route," etc.) Buses will load at 4.

School bus loading area of school unless noted otherwise. 5.

_____ 6.

_____ 7.

In the event a teacher needs to be away from school, please complete the following: 8.

Estimated Expenses: Substitute _____ 9.

Lodging _____ 10.

Registration _____

Other _____

Mileage _____

Cost of Driver _____

Total _____

*All chaperones must appear on the approved list
in the District office before your trip can be approved

Account Number _____

Principal's Signature _____ Date _____

Assistant Superintendent _____ *APPROVED DENIED*
Date _____ (Circle one)

FOR TRANSPORTATION OFFICE ONLY

Date Request Received _____ Request Number _____

Bus Number(s) _____

Driver(s) _____