FIELD TRIP REQUEST FORM -- Field Trip Rates Effective July 1, 2010

FIELD TRIPS MUST BE SCHEDULED BETWEEN 9:15 AM & 1:30 PM

	1	Day,	Date
School/Building			
Activity/Grade			
#Of Passengers # of Buses			
Pick up (Site & Location)			
Destination (School District) Destination (Site & L	ocation)		
(If Destination is Athletic Field; Provide Specific Directions/Street Address)			
*Pick-up Time AM PM (*Pick-up at scho	ool of origin no earlier than 9:15 AM)		
Depart <u>Destination</u> by AM PM (<u>Depart Destination</u>	tion no later than 1:30 PM)		
*Return Time to School AM PM (*Drop off at sch	ool of origin no later than 1:50 PM)		
**Extended Times (AM or PM) – You MUST call	803.347.4775 for PRIOR approval **		
Bus to remain with group \(\subseteq \textit{YES } \subseteq \textit{NO} \)			
Multiple Destination Sites/Other Information YES NO (Attach Agenda)		
# Of Student Fees Waived			
Form completed by Date			
Approved by (Authorized Administrator/Designee)			
		horized	
CANCELLATION POLICY—Trips Cancelled Without 24-		<u>96. ^^^</u>	**
DRIVER NAME: BI	JS #: FIELD T	RIP #:	
Estimated Trip Charges (Subject to Actua		* * * * * * * * * * * *	ate
TRANSPORTATION OFFI	CE USE ONLY		
Actual Trip Charges			
Drive	r Hrs. @ <u>\$00.00</u> per hour (<i>Day/</i> I	Weekend Rate) :	= \$
<u>Miles</u>	Traveled @ \$0.00 per mile	:	= \$
Drive			
E470 Transpond	er (Determined by # of toll booths/e	xits round trip)	= \$
Other Charges			= \$
A.P.AWaivers# o			
	Actual Total	Charges =	\$
EVACUATION DRIL	LINSTRUCTIONS		
 Remain seated - do not panic. Listen to instructions from the driver and/or sponsor. 	Leave personal items on bus, exit quid Help each other and use assistance o	ckly and quietly.	
 Move to designated exit (front, rear or side door) if requested 	Walk to the designated safe area awa		Remain
to evacuate. Use seat-by-seat rotation, with occupants closest to the designated exit, exiting first.	with group. Demonstrate how to use parking brake,	open door, and ι	ıse radio.
	(If driver is incapaci		
Evacuation Instructions Given:	Driver Initials	(Required)	
DRIVER INFORM	ATION		
Driver Check In Time: Dr	ver Check Out Time:		
First Trip Second Trip Finish Mileage			
	Siç	gnature of Bus Driver	
Start Mileage			
Total Miles			
Total Hours	Sig	gnature of Sponsor	
Student Count	Sponsor Release Time		
Gladent Count	oponisor iverease rillie		