



Zion-Park Public Schools

Community School District No. 3

BUS REQUEST FOR FIELD TRIP

School: NPTHS ZPMS ZPES TPES OPES ZION-PARK 3		Telephone Number:	
Trip Requested by:		Fax Number:	
Date of Trip: (MM/DD/YY)		Day of Trip: Sun Mon Tues Weds Thurs Fri Sat	
Date Returning: (MM/DD/YY)		Day Returning: Sun Mon Tues Weds Thurs Fri Sat	
Number of Students Attending:		Grade of Students/Group Name	
Number of Buses Needed:		Name of the Lead Teacher/Sponsor	
Wheel Chair: Y / N Number of Wheelchairs Needed:		Field Trip Contact Cell Phone Numbers	
Number of Adults per Bus:			

Departing Trip:

Departure Time from School: _____

Location of Pick-Up (i.e., Front Door, Door #10, etc.): _____

Special Requests: _____

Destination Name: _____

Destination Address: _____

Return Trip:

Arrival Time at School: _____

ZPTS USE ONLY: Departure Time: _____

1) REQUEST: Building Level Principal _____ Date _____

2) QUOTE: Zion-Park Transportation _____ Date _____

3) APPROVAL: Building Level Principal _____ Date _____

4) CONFIRMATION: Zion-Park Transportation _____ Date _____

District Office Signature and Date: _____

ZPTS School Services Staff Only

Cost bus(es): _____ (attached form) _____

Order entered by: _____

Confirmation Number: _____