

**Lura M. Sharp Elementary**

**WALKING FIELD TRIP / TRANSPORTATION REQUEST**

*\*\* Must be turned in at least one week prior to event. \*\**

Requested by: \_\_\_\_\_ Organization/Gr. Level \_\_\_\_\_

**Date of Departure:** \_\_\_\_\_ **Time of Departure:** \_\_\_\_\_

Destination \_\_\_\_\_ Number of people: \_\_\_\_\_

Means of Transportation: \_\_\_\_\_ Walk \_\_\_\_\_ Bus \_\_\_\_\_ Car \_\_\_\_\_

Place of Departure: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Purpose of Trip: \_\_\_\_\_

Date of Return \_\_\_\_\_ Time of Return: \_\_\_\_\_  
*(If different than day of departure)*

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Part Two:

Student(s) with medical needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

Needed? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Conditions \_\_\_\_\_

For out-of-school activities: Cost \_\_\_\_\_

\_\_\_\_\_

Principal

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Part Three:

Number of Buses \_\_\_\_\_

Bus Number(s) Assigned \_\_\_\_\_

Bus Driver(s) Assigned \_\_\_\_\_

\_\_\_\_\_

Transportation Director

Date