



WINDHAM BOARD OF EDUCATION



Athletic / Field Trip Request Form

Teacher/Coach _____ Date of Trip _____

Class/Team _____ Pick up Location _____

Destination of Trip _____

Departure Time _____

Estimated Return Time _____

Number of Buses _____ Number of Students _____ Number of Adults _____

2nd destination or lunch stop _____ Where? _____

Please note: If you will not be present for lunch period you must notify head cook at your building

Summary: Explain the educational value of this trip _____

Approved _____ Disapproved _____
Principal Signature (only required on field trips) _____ Date _____

Approved _____ Disapproved _____
Superintendent's Signature _____ Date _____

OFFICE USE ONLY:

Bus Driver Taking Trip _____

Driver Departure Time _____ Ending Time _____ Total Hours _____

Beginning Odometer _____ Ending Odometer _____ Total Miles _____

Bus Driver Signature _____ Bus Number _____ Total Earnings _____

Coach/Advisor Signature & Time Returned _____ Jake Eye Approval _____