

Frankfort Independent Schools

BUS/ CAR/ VAN REQUEST

Request is to be forwarded to the Central Office at least ONE WEEK PRIOR to the event. Field Trip approval will be issued on a first come basis. Only under special circumstances will more than one bus be approved during the school day.

Date of Request _____ School _____

Group _____ Number of Students _____

Destination _____ Return Location _____

Address of Destination: _____
(number, street, city, state)

Contact information for person in charge of this trip _____
(name and cell phone numbers) _____

****Staff must give the driver a complete student list prior to departure (name, date of birth, address, phone, contact)****

Departing Pick up Time _____ Pick up Location _____

Return Pick up Time _____ Time returning to Frankfort _____

Date of Trip ____/____/____ Day of Week _____
Month Day Year

Requested by _____ Title _____

Principal's Approval _____ Date Approved _____

Approved _____ Date Approved _____
Director of Transportation

Overnight / Out-of State Trip Approval _____ Date _____
Superintendent

Driver _____ Bus Number _____ Car ___ Van ___

As an employee or volunteer of the Frankfort Independent School District, I am aware of the Board policies for Drug/Alcohol Free School, 03.13251 for certified employee and 03.23251 for classified employee. I fully understand that illegal and/or controlled substances are not allowed in the workplace or while using a board owned vehicle. I also understand that failure to adhere to the above-referenced policy may result in dismissal from my position.

Signature of Employee Date

****Failure to inform the central office of a trip cancelation may result in a "No Show" fee charged to the requesting group****

If this trip is during the school day, please provide a brief description of the trip including pre-trip classroom activities, goals of the trip, and follow-up classroom activities.