

# DURHAM SCHOOL SERVICES

## FIELD TRIP FORM

SCHOOL \_\_\_\_\_ DAY/DATE OF TRIP \_\_\_\_\_

TEACHER \_\_\_\_\_ GRADES \_\_\_\_\_

DEPARTURE TIME FROM SCHOOL \_\_\_\_\_

DEPARTURE TIME FROM LOCATION \_\_\_\_\_

RETURN TO SCHOOL \_\_\_\_\_ (NO LATER THEN 1:45 P.M.)

DESTINATION ADDRESS \_\_\_\_\_

# OF STUDENTS \_\_\_\_\_ #OF ADULTS \_\_\_\_\_ #OF BUSES \_\_\_\_\_

SPECIAL INSTRUCTION \_\_\_\_\_

(I.E CAR SEATS, WHEEL CHAIRS)

EMERGENCY CONTACT NUMBERS:

OFFICE 313-242-4400 /MELISSA NELSON 734-516-7852 /MELANIE HAMILTON 313-539-3327

PRINCIPALS SIGNATURE \_\_\_\_\_

OPTIONAL SURVEY WAS THE BUS CLEAN? Y/N

WAS THE DRIVER PROFESSIONAL? Y/N

WAS THE DRIVER PREPARED? Y/N

TEACHERS SIGNATURE \_\_\_\_\_

### DRIVER INFORMATION

DRIVER SIGNATURE \_\_\_\_\_

DRIVER PUNCH IN \_\_\_\_\_ CHILD CHECK Y/N

BUS YARD RETURN TIME \_\_\_\_\_ BUS FUELED Y/N

DRIVER PUNCH OUT TIME \_\_\_\_\_ BUS SWEPT Y/N

\*REQUESTS MUST BE RECEIVED BY DURHAM 48 HOURS PRIOR TO EVENT.

\*CANCELLATIONS MUST BE CALLED IN AND WITHIN 2 HOURS PRIOR TO DEPARTURE TIME.