

MAYNARD PUBLIC SCHOOLS TRANSPORTATION REQUEST FORM

Instructions:

1. State law requires that this form be submitted before any school vehicle be allowed to leave school grounds (regular bus routes included.)
 2. A separate request form must be submitted each trip.
 3. To be valid, this form must be signed by the building principal, superintendent, and filed with the bus mechanic at least (7) calendar days prior to the departure date.
 4. A copy of the signed form should be provided to:
 - A. Building Principal
 - B. Superintendent
 - C. Bus Mechanic
 - D. Retained by trip Sponsor
-

This section to be completed by the trip sponsor(s):

Date of Trip:_____ Time of Depart:_____ Return:_____

Club/Group_____ # of Passengers_____

Destination_____

Requested Driver:_____

Route(s) of Destination_____

Return (if other than reverse)_____

Sponsor(s) Signature:_____

Principal:_____

Superintendent:_____

On _____ (Date) the _____ (Group) will be taking a trip. There are _____ (# of students) going. Please give this information to the kitchen staff when you get trip approval, so they may adjust their lunch count that day. Thank you.

(For Office Use Only)

Vehicle _____

Number _____

Mileage _____

MAYNARD PUBLIC SCHOOLS

FIELD TRIP INFORMATION FORM

Three (3) copies of this form will be needed upon completion. One copy will be left with the building principal, a copy will be given to the bus mechanic, and the final copy should accompany the sponsor(s) on the trip. Strict adherence to the seating chart is necessary in case of any emergencies.

Date: _____

Date of Trip: _____

Time Depart: _____

Time Return: _____

To: _____

From: _____

Activity: _____

Route / Stops: _____

The following student and adults will be on bus # _____.

1. _____

16. _____

2. _____

17. _____

3. _____

18. _____

4. _____

19. _____

5. _____

20. _____

6. _____

21. _____

7. _____

22. _____

8. _____

23. _____

9. _____

24. _____

10. _____

25. _____

11. _____

26. _____

12. _____

27. _____

13. _____

28. _____

14. _____

29. _____

15. _____

30. _____

Field Trip Permit

Date of Trip: _____

PLEASE CHECK ONE BOX & SIGN AT THE BOTTOM:

☐ _____ **DOES NOT** have my permission to go on the field trip.
Student's Name

☐ _____ **HAS** permission to go with the _____ of the
Student's Name

MAYNARD SCHOOL DISTRICT on a field trip to _____.

The students will leave at _____ and return approximately at _____.

Your child will need: _____

MEDICAL RELEASE (To be used in the event of an emergency):

I, the undersigned, do hereby authorize officials of the Maynard School District to authorize any physician and/or emergency medical personnel to render such treatment as may be deemed necessary in an emergency for the health and safety of said child. I hereby authorize the officials of Maynard School to take whatever action is deemed necessary in their judgment for the health and safety of said child. I will not hold the school district and/or employee thereof financially responsible for the emergency care and/or transportation for said child.

PLEASE NOTE BELOW ANY ALLERGIES OR ANY MEDICATIONS THAT YOUR CHILD IS ALLERGIC TO:

Parent Phone Numbers: _____
Home Phone/Cell Phone Work Phone

Parent Signature: _____ Date: _____

DATE _____

[illegible]

NOTES: