

Lynden School District
Field Trip Request Form

Field trip requests must be submitted to the Principal at least two weeks prior to departure date.

Date of Field Trip: _____

Departure time from School: _____ Time returning to School: _____

Requesting Group: _____

Destination: _____

Address: _____

Number of Students Attending: _____ Number of Adult Chaperones: _____

Type of Transportation Requested: _____ Storage Compartments Needed? ___ Yes ___ No

Bus Driver ___ can ___ cannot return to Lynden (bus garage) between drop-off and pick-up.

Purpose of trip or activity: _____

Person requesting trip: _____ Date: _____

Approval of Principal: _____ Date: _____

Transportation Department Use Only

Total Miles: _____

Driver Hours: Regular: _____

Stand-by: _____

Overtime: _____

Business Office Use Only

Miles x \$1.03 _____

Driver Hours: Regular x \$23.65 _____

Stand-by x \$21.29 _____

Overtime x \$35.48 _____

Total Cost: _____

Account Code: ___ - ___ -0750- ___ - ___