

**Emmett School District #221
BUS TRANSPORTATION REQUEST FORM**

**Bus Shop Fax:
208-365-2459**

IMPORTANT: ALL trip requests MUST BE submitted to The BUS SHOP 10 SCHOOL DAYS prior to the date of the trip.

School _____	Today's Date _____
Teacher _____	Date of Trip _____
Group _____	Begin Loading Passengers _____ A.M. P.M.
# of Students _____	Depart for Destination _____ A.M. P.M.
# of Adults _____	Arrive at Destination _____ A.M. P.M.
Driver: Stay With Bus <input type="checkbox"/>	Depart From Destination to School Or Original Site _____ A.M. P.M.
Driver: Drop Off & Return <input type="checkbox"/>	Arrive Back at School or Original Site _____ A.M. P.M.
Description of Trip: (Include Location , Extra Stops, Time, Etc.) _____	

Purpose of Trip: (Contributions to the Total Educational Program) _____

Content Standards Reference Number: _____ Relevant Curriculum Attached

FIELD TRIP TRACKING DETERMINATION

(Please indicate answers to each question.)

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|------------------------------|-----------------------------|---|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Does any portion of the trip extend more than 100 miles beyond Idaho Border? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Does any portion of the trip occur outside the school week or school calendar year? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Does any portion of the trip require overnight stay? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is any portion of the trip competitive? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is any portion of the trip under the jurisdiction and sponsorship of IHSSA? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is any portion of the trip considered an out-of-community student performance? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is any portion of the trip considered an award? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is any portion of the trip considered a recreation event (<u>excluding Lifetime Sports high school only</u>)? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is any portion of the trip considered a social event? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Is any portion of the trip considered club affiliated? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | This field trip is educational (<u>including Lifetime Sports for high school only</u>) and curriculum driven? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Will the entire school attend during a single event? (e.g. testing, movie, stage play or performance, Lagoon, etc.) |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Will the student's (classroom) grade be affected? |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Will everyone in the class have an opportunity to participate? |

_____ Teacher Signature _____ Administrator Signature Approved <input type="checkbox"/> Denied <input type="checkbox"/> Funding Source / Code: _____	<p><u>DO NOT FILL OUT THIS AREA</u> FOR BUS SHOP USE ONLY</p> Reimbursable Field Trip <input type="checkbox"/> Non-Reimbursable Trip <input type="checkbox"/> Athletic Activity Trip <input type="checkbox"/> Bus # _____ Total Miles _____
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