

**Baldy View Regional Occupational Program
Field Trip or Change of Class Location Request Form**

Instructor's Name _____ Date _____

ROP Class _____

Number of Students/Passengers _____ Mileage (estimated round trip) _____

Change of Class Location

Private vehicle will be used. (Appropriate form must be completed.)

Class will be held at _____

Address _____ City _____ Phone _____

Date _____ Time _____

Field Trip

Bus Transportation is requested

Date of Trip _____ Departure Time _____

Bus Pick Up Location _____

Transportation To _____

Address _____ City _____ Phone _____

Will bus be needed during standby time? Yes No Standby Bus Time _____

Return Time _____

Number of instructional hours (excluding transportation time) _____ Hours

Objective of Field Trip _____

Is field trip on regularly schedule class day? Yes No

Make bus transportation three (3) weeks prior to the actual trip in order to assure service

For Office Use Only!!

Approximate Cost _____ Transportation Company _____ Date _____

Verifying Initials _____

The following signatures must be obtained before the field trip or change of class location can be approved:

Teacher Date

Program Manager Date

Director of Instruction Date