

# SOUTHEASTERN REGIONAL SCHOOL DISTRICT FIELD TRIP REQUEST

Field Trip Request distribution list: supervisor and transportation @ [doconnell@sersd.org](mailto:doconnell@sersd.org)  
A roster must accompany the request for approval.

CLASS REQUESTING TRIP: \_\_\_\_\_

NAMES OF TEACHERS: \_\_\_\_\_

**CONTACT NAME & CELL PHONE # (FOR EMERGENCY)** \_\_\_\_\_

Will students miss any classes (other than class requesting trip)?    \_\_\_ Yes    \_\_\_ No

Is coverage needed?    \_\_\_ Yes    \_\_\_ No

Purpose and Educational value of the Trip: \_\_\_\_\_

Specific standards and benchmarks addressed: \_\_\_\_\_

I checked the link for open availability, please hold this date for approval. \_\_\_

Link to Transportation Calendar: [Click here to view calendar](#)

**IMPORTANT! Forward a copy of this to your supervisor.**

## TRANSPORTATION

DATE OF TRIP: \_\_\_\_\_ LEAVE SCHOOL AT: \_\_\_\_\_ RETURN AT: \_\_\_\_\_

DESTINATION & ADDRESS: \_\_\_\_\_

# OF STUDENTS: \_\_\_\_\_ # OF TEACHERS: \_\_\_\_\_ # OF BUSES: \_\_\_\_\_ *(to be determined by transportation dept)*

SER CAMPUS PICKUP LOCATION: \_\_\_\_\_

CHARGE TO ACCOUNT: # \_\_\_\_\_ Price: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_