

**TACOMA PUBLIC SCHOOLS**  
**Field Trip Transportation Request**

Please fax your field trip request form to the Transportation Department at 571-1889. The form must be signed by the authorizing BRC signature and all information must be completed before your request can be processed. Please allow two weeks for processing. Call 571-1853 for additional information.

Today's date \_\_\_\_\_

**REQUEST**

School \_\_\_\_\_  
*All buses will depart from the school's regular load zone unless otherwise requested.*

Depart location \_\_\_\_\_

Destination \_\_\_\_\_

Number of students \_\_\_\_\_ Adults \_\_\_\_\_

Name of teacher or coach in charge \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # (to send confirmation) \_\_\_\_\_

Cell # (while on field trip) \_\_\_\_\_

Activity \_\_\_\_\_

Is person in charge familiar with the location where activity is to take place?  Yes  No

Signed \_\_\_\_\_  
Authorized BRC signature

Special requests/comments Add Comments on Next Line.

Date of event \_\_\_\_\_

Pick-up time @ school _____
Will bus remain with group? <input type="checkbox"/> Yes <input type="checkbox"/> No
Departure time for return trip _____
Requested return time to school _____

**Billing:**

Program # \_\_\_\_\_ Activity # \_\_\_\_\_

Location # \_\_\_\_\_ BRC \_\_\_\_\_

General fund \_\_\_\_\_ ASB \_\_\_\_\_

PTA \_\_\_\_\_ Other \_\_\_\_\_

**or Bill to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**CONFIRMATION (to be completed by Transportation)**

Estimated cost: \_\_\_\_\_  
hours                      miles                      # of buses                      Total estimate                      Late fee if applicable

Rate \_\_\_\_\_ Remarks Please add any comments on the next line. Initials \_\_\_\_\_

FIELD TRIP