



Request for Student Travel (refer to policy 121)

Date submitted to Principal or Athletic Director: _____ School Name: _____

Name of Requestor/Lead Chaperone: _____
Email address: _____ Cell phone number: _____

As lead chaperone and requestor of this trip, I have read and understand policies 121(student travel) and 916(school volunteers).

Requestor/Lead Chaperone signature: _____

Travel Destination: _____
Address: _____
Miles from school one way: _____
Purpose of the trip: _____

Name of Group or Organization: _____ Do all students have the ability to attend? Yes No
Grade or Grades of Students: _____ Number of students attending: _____

Are students required to miss school? Yes No If Yes, how many school days will be missed: _____

Number of chaperones who are PENNCREST Employees: _____
Number of chaperones who are **not** PENNCREST Employees: _____

Is this an overnight event: Yes No If Yes, seek policy 121 approval.

Transportation Information

Date of Departure: _____ Time of Departure: _____ Date of Return: _____ Time to Depart Event/Activity: _____

Number of vehicles requested: _____ Buses: _____ Lift Buses: _____ PENNCREST Vans: _____
Number of wheelchair students, if applicable: _____

Bus charge **\$82.38** – all miles over 40 charged .85 per mile. Layover time for the driver **\$13.48** per hour. All trips not school funded will be charged for fuel. Van use charge is .21 per mile plus cost of fuel. Fill out the mileage form in the van and send it to the transportation office. **All requests must include a detailed itinerary**

If you do not require PENNCREST or PM Bus Inc. transportation list your transportation details here: _____

Additional transportation information: _____

How is this trip be funded? _____

PENNCREST account code if district funded: _____

(continued on back of page)



Chaperone name: _____
Chaperone name: _____
Chaperone name: _____
Chaperone name: _____

Cell phone number: _____
Cell phone number: _____
Cell phone number: _____
Cell phone number: _____

*Attach additional names if necessary

Will substitute(s) be required for PENNCREST chaperones: Yes No

If yes, list names here: _____

Will one (1) or more students require nursing services or medication during his/her time away from PENNCREST? Yes No

If Yes, list student names:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

*Attach additional names if necessary

A complete and accurate student and chaperone roster, and a trip itinerary MUST be submitted to the principal prior to departure.

PENNCREST use and routing:

Principal or Athletic Director Approval: _____

Date: _____

Director of Student Services Approval: _____

Date: _____

Assistant Superintendent Approval: _____

Date: _____

Superintendent (overnight trips only): _____

Date of School Board Approval: _____

Date the Transportation Department has received this form: _____

Date: _____

Trip assigned to:

Director of Facilities and Transportation Approval : _____

Date: _____