

Date \_\_\_\_\_

**Martin County Schools Field Trip Request**  
Activity Buses Only-FAX 799-4011

School \_\_\_\_\_ School FAX # \_\_\_\_\_

Group Requesting Bus(es) \_\_\_\_\_

Number of Students \_\_\_\_\_ Grade of Students \_\_\_\_\_ # of Chaperones \_\_\_\_\_

Number of Buses Requested: 1 2 3 4 5 6 7 Wheelchair Lift Needed? Yes No

Size of Bus Requested: \_\_\_\_\_ 14 Pass \_\_\_\_\_ 20 Pass \_\_\_\_\_ 36 Pass \_\_\_\_\_ 44 Pass

Driver's Name(s) \_\_\_\_\_

Destination: Town/State \_\_\_\_\_

Place \_\_\_\_\_

Departure Time: \_\_\_\_\_ AM or PM Leave Date: \_\_\_\_\_

Return Time: \_\_\_\_\_ AM or PM Return Date: \_\_\_\_\_

Name of Teacher/Chaperone in charge of trip: \_\_\_\_\_

Bill to what school/program? \_\_\_\_\_

School Official's Signature \_\_\_\_\_

**TRANSPORTATION USE ONLY**

APPROVED \_\_\_\_\_ NOT APPROVED (NO BUSES AVAILABLE) \_\_\_\_\_

POSTED ON \_\_\_\_\_

\_\_\_\_\_  
Transportation Official's Signature

NOTE: This form will only be accepted from school administration or designated office personnel.  
No reservations will be accepted by telephone.

*Revised 7/10*

FAXED TO SCHOOL ON \_\_\_\_\_