## **Jefferson Central School** Field Trip/Special Bus Request

Please submit this form to the Transportation Supervisor at least 10 days in advance of the intended travel date. Please attach a list of students to this form.

Permission is requested for a:	□ Field Trip	□ Special Bus Request		
Destination:				
Address:				
The purpose of this trip is:				
Trip Date:		Emergency Contact Numl	ber:	
Leave school at	a.m./p.m.	Return to school by	a	.m./p.m.
Total number of students/pass	sengers (including c	chaperones):		
Special Accommodations:				
Chaperones will be:				
Substitute Required? Yes		ease submit a time off request		
Request submitted by:		Date:		
Transportation Supervisor Ap	oproval:		Date:	
Bus #(s):				
Driver(s):				
Principal Approval:		Da	.te:	
		ted on the district calendar		
	<b>X</b> 7 11			