

**2009/2010 SCHOOL YEAR
PENN-HARRIS-MADISON SCHOOL CORPORATION
REQUEST FOR FIELD TRIP TRANSPORTATION**

DATE OF TRIP: _____ NUMBER OF WHEELCHAIR STUDENT(S) _____

NAME OF WHEELCHAIR STUDENT(S) _____

SPECIAL EQUIPMENT NEEDED (SEATBELT, SAFETY VEST, CAR SEAT, ETC: _____

REQUESTING SCHOOL: _____

PICK-UP LOCATION: _____

PICK-UP TIME: _____ RETURN TIME: _____

NUMBER OF BUSES: _____ NUMBER OF PASSENGERS _____

DESTINATION: _____

TEACHER RESPONSIBLE: _____ GRADE LEVEL: _____

BILL TO: _____

SPECIAL INSTRUCTIONS / TRIP ITINERARY: _____

TEACHER SIGNATURE

DATE

PRINCIPAL'S SIGNATURE (APPROVAL)

DATE

NOTE: Approved field trip forms should be faxed to the Transportation Center @ 574-254-1561 a minimum of 2 weeks prior to the trip date.

NOTE: All information requested above needs to be completed in order to process request.