

## **REQUEST FOR FIELD TRIP TRANSPORTATION**

## TO BE COMPLETED BY SCHOOL STAFF AND SUBMITTED TO PRINCIPAL

Date of Trip:	
School:	
Loading Area:	
Pick Up Time:	
Number of Students Attending: (not needing wheelchair accessible transportation)	
Number of Buses Needed (not wheelchair accessible): Full Size Bus Capacity- 45 HS, 50 MS, 60 ES Minibus Capacity- 1 Driver, 14 Passengers Suburban Capacity- 1 Driver, 7 Passengers	
Number of Students Requiring Wheelchair Accessible Transportation: Wheelchair accessible transportation will increase the total bus amount and driver amount by one.	
Transportation Cost Estimate:	
Number of Sponsors:	
Destination Name:	
Destination Address:	
Loading Area:	
Return Time:	
Coordinator Name:	
Coordinator Contact Number:	
Vendor is OKCPS Transportation #302768	
Principal's Signature: Da	te:

After completing the form campus administration will submit a request into TripTracker for approval and scheduling (Transportation Contact- Cheronda Williams, crwilliams@okcps.org)