

BIDDEFORD SCHOOL DEPARTMENT

CHARTER / TRIP REQUEST FORM

The Superintendent's Office requires receipt of this request at least (3) three weeks prior to the actual charter / trip date.

Due to the availability of school buses / drivers you may be asked to reschedule your charter / trip.

Club / Organization / Class: _____

Select one of the following school locations:

School	JFK	BPS	BIS	BMS	BHS	BCOT	St. James	Adult Ed	Other:
--------	-----	-----	-----	-----	-----	------	-----------	----------	--------

Teacher / Coach: _____ Date of Trip: _____

Destination: _____

Departure from school time: _____ Return to school time: _____

Number of passengers: _____ Number of buses needed: _____

Special Needs: Wheelchair Lift Baggage/Equipment Storage Overnight Other: _____

Teaching Unit: _____

Learning Results Content Standards and Performance Indicators: _____

Classroom Follow-up Activities Planned: _____

Persons responsible for supervision (one chaperone / teacher / coach for every 10 students):

Person making request: _____ Date: _____

Administration Only

Approval of Principal / Director: _____ Date: _____

Field Trip Priority: (check one)

1. Academic Requirement 2. Academic Extension 3. School Behavioral Reward 4. Team Building

Source(s) of funding: _____

Approval of Supt. Schools / Designee: _____ Date: _____

Transportation Dept. Use Only

Cost of Trip: ** Drivers: \$ _____ Gas: \$ _____ Other: \$ _____

** Cost for driver is an estimate only – The actual cost of the driver will be charged at the time of the trip

Total Cost: \$ _____

Acknowledgement of availability of buses / drivers: _____ Date: _____