MERCER COUNTY HEAD START
BUS REQUEST FORM

Date of trip:_____ # of Bus(es) Requested_____

Special Needs (if any):_____

Time of Departure:_____a.m. Time of Return:_____a.m.

_____p.m. _____p.m.

Destination:_____

# of Passengers: Children_____a.m. Adults_____a..m.

Children _____p.m. Adults_____p.m.

Objectives of Trip (How does this trip fit into your lesson plans? Please list what the children will learn from this trip).

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_____ _____

Teacher Requesting Field Trip Date Requested

Please remember to wait for approval of the field trip before finalizing plans. Thank you.

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Approved Not Approved

_____ _____

Director of Early Childhood Services Date

Comments:_____

_____

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Approved Not Approved

_____ _____

Executive Director Date

Comments:_____

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Revised 8/04