WCPS | Washington County Public Schools

Field Trip Request Form

SECTION A

(to be completed by the School)

North Hagerstown High
School Name

Washington DC: American History Museum
Destination

1300 Constitution Ave NW, Washington DC 20560
Destination's Exact Address **REQUIRED**

Date of Trip	Required Bus Arrival Time at School	Estimated Bus Return Time at School
June 10, 19	8:15 ☑ A.M. ☐ P.M.	4:00 ☐ A.M. ☑ P.M.

Loading Location at School: Back of the school

Type of Trip	Special Equipment Needed *(check all that apply)*
Athletics: ☐ Boys ☐ Girls Choose a Sport	☐ Lift Bus ☐ Harness ☐ Star Seat
Teacher or Group Name: IB-CP / Ms. O'Kane	Total # of Special Needs Students: _____
Special Comments: Bus return time is approximate. We may be earlier than the estimated time.	Total # of Wheelchairs: _____
	Please email the names of students with special equipment accommodation requests to Christine Thomas (thomachr@wcps.k12.md.us)

Has this trip been approved by your Administrator?
☑ YES ☐ NO

James Aleshire
Name of Administrator

Kimberly O'Kane
Name of Person Requesting Bus

James Aleshire/IB-CP
Supervisor to be Billed

SECTION B

(to be completed by the WCPS/Contractor Bus Driver)

Beginning Time	Beginning Mileage	Ending Time	Ending Mileage
A.M.		A.M.	
P.M.		P.M.	

(Last 4 digits; do not do tenths) *(Last 4 digits; do not do tenths)*

Driver's Signature

School Sponsor's Signature

SECTION C

(to be completed by the WCPS Transportation Department)

Driver Assigned to Trip

Bus #

Total # of Buses Assigned to Trip