

PINELLAS COUNTY SCHOOLS
VISUAL ARTS FIELD TRIP BUS REQUEST

DATE: _____

ALL REQUESTS NEED TO BE SUBMITTED FOUR (4) WEEKS IN ADVANCE

SEND TO: ADMINISTRATION BUILDING
ART OFFICE PHONE: 588-6057 FAX: 588-5176

SCHOOL: _____ COST CENTER: _____ SCHOOL PHONE: _____

TEACHER NAME: _____

EMAIL: _____ SCHOOL FAX: _____

TRIP DAY AND DATE: _____ PICK-UP TIME: _____

TRIP DESTINATION: _____ RETURN TIME: _____

NUMBER OF STUDENTS: _____ NUMBER OF ADULTS: _____

ADMISSION FEE: YES _____ NO _____ IF YES, COST OF STUDENTS _____ COST OF ADULTS _____

PINELLAS COUNTY SCHOOL BUS (IN COUNTY ONLY) YES _____ NO _____

PRIVATE BUS COMPANY: _____ COST: _____
(NAME)

PURPOSE OF ACTIVITY: _____

PRINCIPAL SIGNATURE: _____ DATE: _____

TEACHER SIGNATURE: _____ DATE: _____

ART SUPERVISOR SIGNATURE: _____ DATE: _____

APPROVED: _____ DISAPPROVED: _____

REASON: _____

