

**JOHNSTON CITY COMMUNITY UNIT SCHOOL DISTRICT NO. 1**  
**ACTIVITY/ATHLETIC TRIP REQUEST**  
**REQUEST BE SUBMITTED SEVEN DAYS IN ADVANCE!**

DATE SUBMITTED \_\_\_\_\_

**SELECT ONE**

**CONTRACTED BUS**     **MULTI-FUNCTIONAL BUS**

SUPERVISOR \_\_\_\_\_ GRADE(S) \_\_\_\_\_

BUILDING \_\_\_\_\_ DATE OF TRIP \_\_\_\_\_

DESTINATION(S) \_\_\_\_\_

TIME OF DEPARTURE \_\_\_\_\_ LEAVING DESTINATION TIME \_\_\_\_\_

NUMBER OF STUDENTS \_\_\_\_\_ TYPE OF TRIP \_\_\_\_\_

NUMBER OF ADULTS \_\_\_\_\_

HOW DOES THE TRIP RELATE TO THE CURRICULUM? \_\_\_\_\_

\_\_\_\_\_

**SELECT ONE**

One-Day in-state Trip     Overnight Trip     Out-of-State Trip

*The overnight and out-of-state trips require 1 chaperone for every 10 students and prior approval by the JCCUSD #1 Board of Education.*

APPROVED \_\_\_\_\_  
PRINCIPAL

\_\_\_\_\_  
SUPERINTENDENT  
\_\_\_\_\_  
REIMBURSEABLE  
\_\_\_\_\_  
NON-REIMBURSEABLE

\*\*\*\*\*CONTRACTED BUS USE ONLY\*\*\*\*\*

TRIP NO. \_\_\_\_\_

MILEAGE OUT \_\_\_\_\_

DR.TIMEOUT \_\_\_\_\_

MILEAGE IN \_\_\_\_\_

DR.TIME IN \_\_\_\_\_

TOTAL MILES \_\_\_\_\_

TOTAL DR.TIME \_\_\_\_\_

DRIVING HOURS \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

MILEAGE \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

TOTAL COST \$ \_\_\_\_\_