

**BRAZOS INDEPENDENT SCHOOL DISTRICT  
BRAZOS ISD FIELD TRIP REQUEST**

**SUBMIT AT LEAST TWO WEEKS PRIOR TO THE EVENT**

CAMPUS \_\_\_\_\_ GRADE LEVEL(S) \_\_\_\_\_

REQUEST SUBMITTED BY \_\_\_\_\_ DESTINATION \_\_\_\_\_

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

DRIVER \_\_\_\_\_ NUMBER OF SPONSORS \_\_\_\_\_

NUMBER OF RIDERS \_\_\_\_\_ MILES TRAVELED ROUND TRIP \_\_\_\_\_

TIME OF DEPARTURE \_\_\_\_\_ 3:00 P.M. RETURN TIME REQUIRED

DESCRIPTION OF TRIP WITH ITINERARY: Use back if needed

\_\_\_\_\_  
APPROVE                      DISAPPROVE                      APPROVE                      DISAPPROVE

\_\_\_\_\_  
CAMPUS ADMINISTRATOR

BUS # \_\_\_\_\_ VAN# \_\_\_\_\_

BEGINNING MILEAGE \_\_\_\_\_ ENDING MILEAGE \_\_\_\_\_

TOTAL MILEAGE \_\_\_\_\_