

CALCASIEU PARISH SCHOOL SYSTEM

Request for Trip Approval for Parochial Schools ONLY!

(This form **MUST** be submitted for processing 10 school days prior to date of trip)

School _____

Address _____

City _____

Contact Person _____

Telephone _____

Trip Date/Time Begin _____

Trip Date/Time End _____

Trip Type:

Athletic

Civic/Community

Field

Scholastic

Destination _____

Destination Address _____

Destination City _____

Destination State _____

Destination Zip _____

Estimated Total Mileage _____

Trip Purpose _____

Buses Requested _____

Activity Bus Yes No

Number of Students _____

Number of Chaperones _____

Signature of Principal

Date

Signature of Administrative Director

Date

PLEASE COMPLETE FORM WITH APPROPRIATE SIGNATURES AND FAX TO TRANSPORTATION AT 337-217-4331.