

MID-VALLEY SPECIAL EDUCATION COOPERATIVE

1304 Ranzheimer Road • St. Charles, Illinois • 60174
(331) 228-4873 • Fax: (331) 228-4874

Community/Field Trip Request

Directions:

1. Complete all sections of this form and submit to your coordinator one week before the planned trip. Keep a copy for your records.
2. You may use this form to complete multiple trips for one month. If the students will vary from trip to trip, you should complete a separate form for each group. But, if they will be the same, one form will be sufficient.
3. Once received, the coordinator will verify the trip and send the form back to you.
4. You may then submit the form to the appropriate bus company.
5. The coordinator will forward the form to the Business Office.

Teacher _____ Phone _____ Today's Date _____

Cell Phone Number to be used for the trip: _____

Date(s) of Trip(s) _____

Pick-up Location _____

Destination and Address _____

Time Departing _____ Time Returning _____

Total Number of Riders (including adults) _____ # of Buses _____

Students Attending:

_____	_____
_____	_____
_____	_____
_____	_____

Wheelchair Hook-up Required? _ Yes _ No How many? _____

For the Coordinator:

Approved: Yes No Coordinator Signature: _____

Program Name/Account Code: _____

Circle Preferred Transportation Company:

First Student	Illinois Central	District 303 Trans.
630-406-0700 (O)	630-584-1658 X211(O)	331-228-5184 (O)
630-406-0773 (F)	630-584-1932 (F)	331-228-2081 (F)

BILL TO: MID-VALLEY SPECIAL EDUCATION COOPERATIVE