

Nordonia Hills City Schools Field Trip Requisition

All original field trip requests must be submitted directly to the Transportation Department no later than two (2) weeks prior to your trip to allow time for scheduling. Do not send to the Board Office – this will delay processing and may prohibit us from accommodating you. Please plan accordingly.

Date Tea	acher/Coach/Organizat	tion Name	
School/Group Grade Level/Class			
Phone	Email	Number of students	
Date of Trip	_ Number of buses_	Number of students	
Address			
Phone			
Departure Time from school		Arrival Time back at schoolam. All buses must be back in the District NO LATER THAN	1:30 pm.
Purpose of Field Trip			
Provisions for students not goi	ng on trip		
Is a substitute required Yes		No	
Is this an overnight trip? Yes	;	No	
If yes, Board Action Date taker		1.00 m to 1.00 m	
Purchase Order Number – Ven Billing information if covered b	dor 265108 Business C (Please attach Field Trip by PTA, Boosters, Outsi	Fundraiser Other Office ip Cost Worksheet) ide entity — Name, address, email required e will invoice the outside group – no PO required)	_
Teacher/Coach/Organizer Sign	Date		
Principal Signature		Date	
For Petermann Use			
Field Trip ID Number	Date Booked	d	
For Central Office Use			
Curriculum Director Signature_			
Business Director		Date	
– or - Superintendent Signatur	Date		