

BUS LIST FOR FIELD TRIP

Teacher: _____ Date: _____

Destination: _____ Departure: _____ Return Time: _____

#	Student Name Attending Trip	Medical Authorization	Off- Campus	Riding Bus Home	Riding Home With Parent
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

#	Student Name NOT Attending Trip
1	
2	
3	
4	
5	
6	

