J7(2)

WILLIAMSON COUNTY SPECIAL EDUCATION DISTRICT
411 South Court
Marion, Illinois 62959

FIELD TRIP REQUEST FOR TRANSPORTATION
[PLEASE MAKE REQUEST 10 DAYS PRIOR TO FIELD TRIP]

DATE: _____

DESTINATION: _____

REASON FOR REQUEST:

Note: Reason must be related to Specific IEP goal.

DATE TRANSPORTATION IS NEEDED: _____

APPROXIMATE TIME: _____

LEAVE SCHOOL: _____

RETURN TO SCHOOL: _____

NUMBER OF STUDENTS: _____

NUMBER OF ADULTS: _____

LIFT BUS NEEDED: ☐ YES ☐ NO

IF YES, HOW MANY WHEELCHAIRS? _____

PICKUP POINT(S) _____

_____ _____
WCSED Teacher's Signature Date

_____ _____
WCSED Supervisor/Admin. Asst. Signature Date

_____ _____
WCSED Trans. Coordinator's Signature Date

Cc: White – Transportation Coordinator
Goldenrod – WCSED Teacher