

Delphi Community School Corporation
Standard
Field Trip/Vehicle Request Form

Applicant's Name: _____ Date: _____
Address: _____

Group or Grade: _____ #of Students: _____

Trip To: _____

Address: _____

Purpose of Trip:

Date of Trip:

Overnight Trip:

Departure Time: _____ Return Time: _____

of Round Trip Miles: _____ Type of Vehicle and # Requested: _____

Chaperones: _____

Cost/Student: _____

Requirements for non-school groups:

1. The requesting group is responsible for the driver's wage, and gas used for the trip.
2. There will also be an additional \$250 charge for the cost of the rider provided by our insurance company.
3. The requesting group will receive a bill from the Delphi Community School Corporation for the above items.
4. Proof of insurance must be provided before final approval will be made under the following conditions:
 - A. \$1,000,000 combined single limit on property and bodily injury.
 - B. Said certificate must name the Delphi Community School Corporation as additional insured.
5. Every trip has to be approved by Indiana Insurance.

Your appointed driver will be: _____

Date: _____ Principal's Signature: _____

Date: _____ Transportation Director: _____

_____ Your trip has been approved.

_____ Your trip has not been approved. (Reasons listed below)

