

LOUISVILLE MUNICIPAL SCHOOL DISTRICT ATHLETIC TRIP REQUEST

Today's Date: _____ Sport: _____

_____ LOUISVILLE HIGH

_____ NANIH WAIYA

_____ EILAND MIDDLE

_____ NOXAPATER

Date of Trip: _____ Destination: _____

Departure Time: _____ Return Time: _____

List method of transportation if not school bus: _____

Names of coaches and other staff members responsible for the athletes on the trip:	

Principal's Signature

Transportation Supervisor's Signature

- Attach a list of students indicating race, sex, telephone numbers, and any student medical problems.
- Attach a bus permit form.

THIS FORM IS DUE IN CENTRAL OFFICE ONE WEEK BEFORE DATE OF TRIP.