

# LOUISVILLE MUNICIPAL SCHOOL DISTRICT BAND TRIP REQUEST

Today's Date: \_\_\_\_\_

\_\_\_\_ Louisville High

\_\_\_\_ Eiland Middle

\_\_\_\_ Louisville Elementary

Date of Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Return Time: \_\_\_\_\_

List method of transportation if not school bus: \_\_\_\_\_

Names of band directors and other staff members responsible for students 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.