

**Mecklenburg Area Catholic Schools
Field Trip Request Form: Fax # 704.370.3292**

School: _____

Date of Trip: _____ Overnight? Yes _____ No _____

Destination: _____

Is This A Service Project? _____ Yes _____ No

Time Departing School: _____

Time Returning School: _____

Number of Buses: _____

Grade or Organization: _____

Teacher Requesting Trip: _____

Principal's Signature: _____ Date: _____

By Signing the above, The teacher and principal understand that the school is responsible for payment of the agreed transportation charge.



This section is to be filled out by MACS Office Only, please do not fill in the dollar amount.

Service Project Approval _____ Date: _____

All Service project trips must be approved by the superintendent of schools, in order to qualify for no charge.

Total Cost of the Trip: _____

Trip cost is based on the total number of buses used.

Transportation Approval: _____ Date: _____

The school has three business days to cancel the trip if the cost is not agreeable.

If the trip is cancelled for reasons other than weather, the school must give a two-day notice or a \$50 charge will be assessed. Cancellation must be verbal or by E-mail. Contact Persons:

Regina Horne; Office: 704.370.3263; Cell: 704.506.9841; E-mail; rbhorne@charlottediocese.org

Please have your request into transportation at least (1) week in advance and no sooner than 3 months in advance this will give us time to have everything processed and back to you for verification. Each school will be provided with a schedule a week in advance of your trip. **Please look this over to be sure that your trip was not accidentally left off.** Please look at the load capacity to help figure out how many buses are needed.

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Transportation Dept.

K-3 - 66 Students or less plus up to 4 adults

4-5 - 60 Students or less plus up to 4 adults

6-8 - 55 Students combined students/adults

9-12- 47 Students total passengers

**Mecklenburg Area Catholic Schools
Field Trip Request Form for Parishes and Non-MACS Trips
For Approval please fill out and Fax this form to Transportation @ 704.370.3390
Please know that your trip is not schedule until your Form has been returned
to you with an approval signature.**

School : _____

Date of Trip: _____ Overnight? Yes _____ No _____

Destination: _____

Time Departing School: _____

Time Returning Back to School: _____

Number of Students: _____ Number of Adults _____

Grade/Teacher Requesting Trip: _____

Teacher's Signature: _____ Date: _____

By signing the above, the responsible party understands that He/She is responsible for payment of the agreed transporttion charge.

Number of Buses Requested: _____

Trip Cost is based on the number of buses used.

Total Cost of the Trip: _____

Comments: _____

Transportation Approval: _____ Date: _____

Please note that you have three business days to cancel the trip if the cost is not agreeable.

If the trip is cancelled for reasons other than weather, a two-day notice of a \$50 charge will be assessed.

Person responsible for scheduling of Buses:

Olive Reid: Office: 704.370.3299; Cell: 704.507.2333 or E-mail; omreid@charlottediocese.org

Regina Horne: Office: 704.3703263; Cell: 704.506.9841 or E-mail; rbhorne@charlottediocese.org

Name and telephone number of person requesting this trop or person to be contacted in the event of an emergency: _____