



# EASTPOINTE COMMUNITY SCHOOLS TRANSPORTATION DEPARTMENT FIELD TRIP REQUEST

PHONE: 586-533-3971

EMAIL: [ecs-fieldtriprequests@eastpointeschools.org](mailto:ecs-fieldtriprequests@eastpointeschools.org)

Please complete the form and email the request using the contact information above.  
Please include email information upon completing the form.

- *School/Organization responsible for traveling and parking directions.*
- *To calculate the trip cost, multiply the number of trip hours X \$50.67 X # of Buses.*
- *ASN required to be processed, absent ASN #s will result in a returned request form.*
- *All trips are "stay with" unless otherwise stated.*
- *All trips to begin after 8:45 am (Wednesday 9:45 am) during school days.*
- *All trips are due back to school no later than 1:45 pm*

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

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

School/Organization: \_\_\_\_\_

Name of Class/Club: \_\_\_\_\_

Name of Destination: \_\_\_\_\_

Address of Destination: \_\_\_\_\_

#### BUS SEATING CAPACITY GUIDE:

2 PER SEAT (UPPER ELE THROUGH HIGH SCHOOL) = 48 PASSENGERS

3 PER SEAT (PRESCHOOL THROUGH LOWER ELE) = 71 PASSENGERS

# OF Students: \_\_\_\_\_ # OF Adults: \_\_\_\_\_ # OF Buses Requested: \_\_\_\_\_

Leave Time (from School): \_\_\_\_\_ Return Time (be at School): \_\_\_\_\_

Requestor Name (please print): \_\_\_\_\_

Requestor Email Address: \_\_\_\_\_

ASN Number (Required for processing): \_\_\_\_\_