

SCHOOL TRIP PERMIT

This is to certify that permission has been granted for the vehicle designated below to make the trip on the date listed. This trip is following the rules and regulations of the Ohio Department of Education and Workforce and the Department of Public Safety.

Vehicle Number _____ Date of Trip _____
Starting Mileage _____ Ending Mileage _____
Vehicle Driver _____

Group Being Transported _____

Number of Students on Trip _____

Advisor/Teacher/Chaperone(s) _____

Departure Time _____

Return to district time _____

Destination _____

Meal Stop Planned En Route ___ yes ___ no

District Emergency Contact _____

Phone Number _____

- I have conducted the pre-trip safety briefing as required.
- Emergency evacuation and vehicle safety instructions reviewed.

Vehicle Driver (signature) _____

Date _____

Trip Approved by (signature) _____

Date _____

Please be sure to have printed or written directions to the destination as listed above.

An approved trip permit and trip directions must be carried on the trip by the driver.