

# Madrid-Waddington Elementary School

## Field Trip/Bus Request Form

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Time Leaving: \_\_\_\_\_ Time Returning: \_\_\_\_\_

Class/Teacher Requesting: \_\_\_\_\_

Number of students: \_\_\_\_\_ Number of staff: \_\_\_\_\_ Parent Volunteers: \_\_\_\_\_

med kit requested (provide details below & indicate whether nurse should attend)

lunch change requested (if yes, fill out form on back)

Other Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal Signature: \_\_\_\_\_

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### (Transportation Use Only)

Driver: \_\_\_\_\_

Bus Number: \_\_\_\_\_

Mileage Reading (Start) \_\_\_\_\_

Time Leaving: \_\_\_\_\_

Mileage Reading (End) \_\_\_\_\_

Time Returning: \_\_\_\_\_

TOTAL: \_\_\_\_\_

TOTAL: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

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#### (Office Use Only)

Copy to:  Bus Garage  
 Nurse

Filed in Office

# Madrid-Waddington Elementary School

## Lunch Change Request Form

Date of Change: \_\_\_\_\_ Class/Teacher: \_\_\_\_\_

Reason: \_\_\_\_\_

Will be requesting alternate lunch schedule:

• Time: \_\_\_\_\_

Approved

Not Approved

Requesting Bag Lunch from Cafeteria (Indicate number of bags below):

• PB&J \_\_\_\_\_

• Turkey \_\_\_\_\_

• Bologna \_\_\_\_\_

• Ham \_\_\_\_\_



Will not be participating in the lunch program.

Additional Information:

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Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cafeteria Manager: \_\_\_\_\_

Date: \_\_\_\_\_

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(Office Use Only)

Copy to:

Cafeteria

Filed in Office