GLYNN COUNTY SCHOOL SYSTEM
Pupil Transportation
Field Trip Destination Request
Pick-up Location

Destination Name: ________________________________________________

Address 1: ______________________________________________________

Address 2: ______________________________________________________

City: ___________________________ State ________ Zip ____________

Phone: ( ) ______________________ FAX: ( ) ________________________

Contact Person: ________________________________________________

Activity/Club/Group: _____________________________________________

Requesting School: ______________________________________________

Requesting Staff Member: _________________________________________

Comments/Directions: ____________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Source of Directions: _____________________________________________

__________________________________________________________________

Official Use Only

Entry Date: ___________________________ Staff Initials ________________

Short Name: _________________________ Destination Local: Y or N Out of Town: Y or N

Email document as an attachment to ed.bostic@glynn.k12.ga.us

ISSUED: 03/01/2012

GLYNN COUNTY BOARD OF EDUCATION