

## FIELD TRIP RESERVATION AND ACCESSIBLE ACCOMMODATIONS REQUEST FORM

Field Trip / Date Requested							
School Name							
Street Address							
City					School Zip		
School Phone							
Contact Name					Contact Cell Phone		
Contact Email							
# of Classes:		# Students Per Class:		Total # of Students:			
# of Chaperones:		Grade(s)					
We require a wheelchair accessible bus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of wheelchair users				
We require wheelchair accessible seating	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of wheelchair users				
We require Assistive Listening Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of individuals requiring ALDs				
We require an ASL Interpreter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of individuals requiring ASL				
We require Open Captioning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of individuals requiring OC				
We require noise reducing headsets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of individuals requiring noise cancelling headsets				
We require Large Print materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of individuals requiring LP				
We require Braille materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of individuals requiring Braille				
We require Audio Description	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of individuals requiring AD				
Other Needs (please explain)							
Approved By (principal's Signature):							