

Travel Request Form

Welcome to Farmington Municipal Schools Travel Tracker, your one-stop travel center. Within this software, you can submit student field trip requests, reserve a bus for a field trip or athletic event, and reserve a district vehicle for staff travel. If you have any questions or comments please contact the TransACT support desk by clicking on the Support/Training Links in the upper right-hand corner.

Please review Procedures for Field Trip/Athletic and Activity Trips

For additional help please [visit this link for Procedures for Field Trip/Athletic and Activity Trips](#)

Trip Number **30069**

* Category Travel With Students

* Type of Trip Field Trip

* Field Trip Event
Native American Programs

Trip Leave

* Date 5/6/24 **Monday**

* Time 8:00 AM

Trip Return

* Date 5/6/24 **Monday**

* Time 10:00 AM

Actual Time TBD Yes

Trip Year/Week 2024-19



Use this button to create recurring/overnight trips that have students on board. Do not use Recurring for staff only trips.

This is during our morning route times. Trips should be scheduled to leave after 8:30 am.

* Does this trip require Board approval? Yes

Comments FMS Native American Programs will be funding this trip. Actual times TBD

* Your School/Dept 13 Tibbetts Middle School
3500 Twin Peaks Blvd, Farmington, NM 87401

* **Do you have students with health concerns on this trip? Don't list student names, only the health conditions due to HIPPA.** No

* Main Destination Durango La Plata County Airport
1000 Airport Road, Durango, CO 81303

* Approximate Nbr of Miles Round Trip

Special Instructions for Permission Slip

* **Funding Source #1 (if one group)** Native American Programs Budget Code Native American Programs

or school is paying)

Funding Source Desc

Budget Code Desc

Funding Approver ggarrity@fms.k12.nm.us

Funding Source #2 (if trip is being split between groups or schools)

Select

Budget Code

Funding Source Desc

Budget Code Desc

Funding Approver

* Teacher / Advisor / Staff Name Rochelle Curry

* Teacher / Advisor / Staff Phone # 330-5190

Teacher / Advisor / Staff Email

Note: This email will receive the requester emails if different from requester

Emergency Contact Info Same as Teacher / Advisor / Staff

* Emergency Contact Name Rochelle Curry

* Emergency Contact Phone # 330-5190

* Grade Level(s) Making Trip 6

7

8

* Educational Objective for Field Trip Native American Programs

Ride to Airport.

Special Indicators This is a one-way trip. No return bus is needed.

Number of Individuals Making Trip

* Total Adults 2

* Total Students 12

* Will the students be away from school during lunch? Yes

* If so, will these students need packed lunches? No

Nbr Students 12 Teacher Rochelle Curry

Students will be away from school during the lunch period.

* Will you be using outside transportation (charter bus, train, plane, etc...) This option means you will not need an FMS Bus or District Vehicle. No

Vehicles Needed

* Do you need to schedule buses or other vehicles? If no this means you are using outside transportation. Yes

Check here to indicate trip is drop-off only Location

Vehicle Pickup

* Date 5/6/24
* Time 8:00 AM

Arrive at Venue (Info Only)

* Date 5/6/24
* Time 9:00 AM

Vehicle Return

* Date 5/6/24
* Time 10:00 AM

Total Trip Hours 2.00

* Type of vehicles needed to reserve Bus 

* How many vehicles do you need? 1

Vehicle Guidelines:

Maximum Capacity:
Elementary School Students=71
Middle School Students=55
High School Students=48

* Do you need a wheelchair lift? No

Comments or Details Concerning Needs.

If using a district vehicle (not a bus), provide the authorized driver's name. The driver must be approved on the district vehicle drivers list.

Owner bhuish@fms.k12.nm.us
Bid Id/Closing Date 24-05 04/30/2024

Person Submitting Request rmacsalka@fms.k12.nm.us
Date Submitted

Field Trip Acceptance of Responsibility

I have read and will adhere to all School Board Policies that apply to field or athletic trips.

* I have read and understand the information above.

Yes

Level 01 Approval - Location Approval

Comment

Decision Approved

Name mblades@fms.k12.nm.us

Decision Date Mar 8, 2024, 12:11:36 PM

Level 02 Approval - Second Level Location Approval

Comment

Decision Approved

| | |
|---------------|--------------------------|
| Name | mblades@fms.k12.nm.us |
| Decision Date | Mar 8, 2024, 12:11:47 PM |

Level 05 Approval - Funding Source Approval

| | |
|---------------|--------------------------|
| Comment | |
| Decision | Approved |
| Name | mblades@fms.k12.nm.us |
| Decision Date | Mar 8, 2024, 12:11:57 PM |

Level 07 Approval - Superintendent Approval

| | |
|---------------|--------------------------|
| Comment | |
| Decision | Approved |
| Name | mblades@fms.k12.nm.us |
| Decision Date | Mar 8, 2024, 12:12:10 PM |

Level 09 Approval - Transportation Approval

| | |
|---------------------|----------------------|
| Comment | |
| Decision | |
| Designated Approver | bhuish@fms.k12.nm.us |
| Name | |
| Decision Date | |