

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 **31425**

* Category Travel With Students

* Type of Trip Field Trip

* Field Trip Event
Music - Allstate

Trip Leave

* Date 1/30/25 Thursday
* Time 8:30 AM

Trip Return

* Date 1/30/25 Thursday
* Time 5:00 PM

Actual Time TBD No

Trip Year/Week 2025-05

Note: Recurring trips are not created until this trip is approved.

1/31/25, 2/1/25

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

ACDA Elementary and Youth All-State

* Your School/Dept 

101 Fine Arts
3401 E 30th St, Farmington, NM 87402

* **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 

Hispanic Cultural Center
1701 4th St SW, Albuquerque, NM 87102

* Approximate Nbr of Miles Round Trip

Special Instructions for Permission Slip Pick-up tentatively at Heights Middle School

* **Funding Source #1 (if one group or school is paying)** Visual and Performing Arts Budget Code Elementary Fine Arts

Funding Source
Desc

Budget Code
Desc

Funding Approver dfear@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 Fear

* Teacher / Advisor / Staff Phone # 5058609900

Teacher / Advisor / Staff Email dfear@fms.k12.nm.us

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

Emergency Contact Info **Same as Teacher / Advisor / Staff**

* Emergency Contact Name Fear

* Emergency Contact Phone # 5058609900

- 4
- 5
- 6
- 7
- 8
- 9

* Grade Level(s) Making Trip

* Educational Objective for Field Trip

All-State clinics and performances.

* Special Indicators Out of town overnight trip

Number of Individuals Making Trip

* Total Adults 8

* Total Students 80

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

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

Nbr Students 80 Teacher Fear

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

Check here to indicate trip is pickup only

Location

Check here to indicate trip is a split trip (2 pickup and return dates/times)

Vehicle Pickup

Arrive at Venue (Info Only)

Depart Venue (Info Only)

Vehicle Return

* Date 1/30/25
* Time 8:30 AM

* Date 1/30/25
* Time 12:00 PM

* Date 1/30/25
* Time 2:00 PM

* Date 1/30/25
* Time 5:00 PM

Total Trip Hours 8.50

* Type of vehicles needed to reserve

* How many vehicles do you need?

Vehicle Guidelines:

* Do you need a wheelchair lift?

Bus



3

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

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 25-01 12/31/2024

Person Submitting Request dfear@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

Recurring Dates

1/31/25, 2/1/25

Decision Approved

Name dfear@fms.k12.nm.us

Decision Date Sep 24, 2024, 4:25:49 PM

Level 05 Approval - Funding Source Approval

Comment

Decision Approved
Name dfear@fms.k12.nm.us
Decision Date Sep 24, 2024, 4:25:59 PM

Level 07 Approval - Superintendent Approval

Comment
Decision Approved
Name cdiehl@fms.k12.nm.us
Decision Date Sep 26, 2024, 8:01:38 AM

Level 09 Approval - Transportation Approval

Comment If you only have 80 students and 8 sponsors two buses will be enough
Decision Approved
Name dmoore@fms.k12.nm.us
Decision Date Oct 4, 2024, 8:44:32 AM