

Rolling Classroom Field Trip Request Form

Complete and return this form to request a Rolling Classroom field trip. Send questions and completed form to Walk N Roll at walknroll@intercitytransit.com.

| Contact Information | |
|--|----------------------|
| Teacher's name: | |
| Email address:Phone #: | |
| School Information School name: School address: | |
| Student and Field Trip Information (Group size no larger than 35 people) # of students: # of adults: Grade/age: | |
| Do any of your students/adults need accommodations? If so, please specific | fy: |
| Do we have permission to take and post photos of your students? | |
| Provide 3-4 possible field trip dates with times . Allow one hour for the fie We schedule field trips Monday-Thursday. | ld trip. |
| 1.) | |
| 2.) | |
| 3.) | |
| 4.) | |
| Why do you want to take your students on a Rolling Classroom? How does students' learning objectives? | s this fit into your |
| | |

How did you hear about the Rolling Classroom?