



Lowndes County Board of Education Head Start



FIELD TRIP ITINERARY—ADMIN023

Date: _____

School/Center: _____

Departure Time: _____

Destination 1: _____ Arrival Time: _____

Departure Time: _____

Destination 2: _____ Arrival Time: _____

Departure Time: _____

Destination 3: _____ Arrival Time: _____

Please list all persons who will be on each bus which includes children, staff, and chaperones.

Bus 1		Bus 2	
1	34	1	34
2	35	2	35
3	36	3	36
4	37	4	37
5	38	5	38
6	39	6	39
7	40	7	40
8	41	8	41
9	42	9	42
10	43	10	43
11	44	11	44
12	45	12	45
13	46	13	46
14	47	14	47
15	48	15	48
16	49	16	49
17	50	17	50
18	51	18	51
19	52	19	52
20	53	20	53
21	54	21	54
22	55	22	55
23	56	23	56
24	57	24	57
25	58	25	58
26	59	26	59
27	60	27	60
28	61	28	61
29	62	29	62
30	63	30	63
31	64	31	64
32	65	32	65
33	66	33	66
	67		67