



**WINSTON COUNTY BOARD OF EDUCATION
FIELD TRIP/SCHOOL BUS REQUEST FORM**

EXTRA-CURRICULAR TRIP

ACADEMIC TRIP

SCHOOL: _____ DATE OF REQUEST: _____

TEACHER / COACH / SPONSOR: _____

GRADE / SUBJECT/SPORT: _____ NO. OF STUDENTS: _____

DATE OF TRIP: _____ DESTINATION: _____

NO. OF CHAPERONES: _____ DEPARTURE TIME: _____ RETURN TIME: _____

ESTIMATED DISTANCE FROM SCHOOL (ONE-WAY): _____ MILES

MODE OF TRANSPORTATION: SCHOOL BUS CHARTER BUS OTHER _____

IF SCHOOL BUS(ES) ARE REQUESTED, INDICATE NUMBER _____ AND DRIVER(S) _____

PLEASE DESCRIBE EDUCATIONAL OBJECTIVE(S) / PURPOSE OF TRIP: _____

NURSE SIGNATURE

LIST OF ATTENDEES DUE: _____

DATE

LUNCHROOM NOTIFIED: _____

DATE

PRINCIPAL

DATE

TRANSPORTATION SUPERVISOR

DATE

SUPERINTENDENT

DATE