



Rappahannock High School

6914 Richmond Road
Warsaw, Virginia 22572
(804) 333-3551
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PRINCIPAL
MR. DAVID A. FERGUSON, JR.

ASSISTANT PRINCIPAL
MRS. DANA FOX

Field Trip Request Form

Date of the Trip: _____ Sponsor Making Request: _____

Class/Club/Team: _____

Account to Be Charged for Transportation: _____

Purpose of the Trip:

Destination Information

Destination Name: _____

Destination Contact Person and Phone Number: _____

Destination 911 Address: _____

Destination Phone Number: _____

Parking for the Bus Available: _____ Yes _____ No

Street Address for Bus Parking: _____

Students and Departures

Number of students and staff attending: _____ (44 max per bus)

Number of buses needed: _____

Departure Location and Time from RCPS Property: _____

Departure Location and Time from Event/Trip: _____

Comments of Special Circumstances or Student Needs for transportation:

– SCHOOL BOARD MEMBERS –

John A. Brown - Chairman • Ken Blackley - Vice-Chairman
Kathleen F. Beane • Patricia P. Pugh • Vivian G. Wood

Medication

A copy of the students attending the trip has been provided to the school nurse and that there will be professional personnel who has been trained in Medication Administration Training on this trip.

The teacher/sponsor is responsible for checking 48 hours before the trip with the school nurse and making arrangements to pick up the medical kit from a safe location prior to the field trip.

Sponsor's Signature

Nurse's Signature

I am submitting this request for the above field trip as a Rappahannock High School Sponsored event. I understand that our club/activity/group is responsible for costs associated with this trip. I understand that I will have signed permission slips, medication, and other necessary items prior to the departure for this trip.

Signature of Sponsor: _____ Date: _____

Director of Transportation Comments: _____

Bus Assigned: _____ Driver Assigned: _____

Director of Transportation Signature: _____

APPROVALS: _____
Principal and Date

Superintendent and Date (If required)