

WATAUGA COUNTY FIELD TRIP REQUEST FORM

This request is for a: ___ day trip ___ out of state day trip ___ overnight trip ___ overnight & out of state trip

Day and overnight trips must be submitted to the principal 15 days before the trip. Overnight and out of state field trips require the prior approval of the principal, transportation director, superintendent, and Board of Education. All trips utilizing rental or charter vehicles require the prior approval of the transportation director. No employee will transport students in a personal vehicle and no employee or volunteer driver will transport students in a 12-15 passenger van. No more than five students will be transported by a school system employee or volunteer in any one vehicle other than a school bus or activity bus. The superintendent has the discretion to approve field trips on an emergency basis when the timing is between regular Board of Education meetings. The superintendent shall notify the board at the next regularly scheduled meeting of any trips approved on an emergency basis and the rationale.

Sponsoring teacher: (Print) _____ School: _____

Cell phone number: _____ Grade(s): _____ Number of students: _____

Departure date: _____ Return date: _____

Departure time: _____ Return time: _____

Educational purpose:

Trip destination including city, state, and all places to be visited: (attach detailed itinerary as needed)

Purpose of trip and how it relates to the curriculum: _____

Supervision and Safety:

Names of all school staff chaperones: _____

Names of all non-school chaperones: _____

All chaperones have a background check completed: Sponsoring teacher initials: _____

Are all site(s) accessible to students with disabilities? ___yes ___no How will students with disabilities be accommodated for site access and transportation? _____

A safety/supervision plan for high risk and/or water activities has been shared with the parents. Please attach a copy of the plan to this form if applicable. Sponsoring Teacher Initials (If applicable) _____

Transportation plan:

Mode of transportation: _____Yellow bus with wheelchair lift _____Yellow bus without wheelchair lift
_____Activity bus with wheelchair lift _____Activity bus without wheelchair lift _____Rental car/minivan
_____Charter bus Other (Please explain) _____

Name of charter bus company (if checked above) _____

(If applicable, bus request form must be attached)

Driver/s: _____ Round trip mileage: _____ # of buses needed: _____

Total cost per student \$ _____ Source of funds: _____

The sponsoring teacher has reviewed Board policies 3320, 3320-R, and 6315: Teacher initials: _____

Approval/Signatures:

Sponsoring teacher signature: _____ Date: ____/____/____

Principal approval: _____ Date: ____/____/____

Required signatures if applicable:

Transportation Director approval: _____ Date: ____/____/____

Superintendent approval: _____ Date: ____/____/____

Board of Education approval: _____ Date: ____/____/____