



# Rappahannock High School

6914 Richmond Road  
Warsaw, Virginia 22572  
(804) 333-3551  
[www.richmond-county.k12.va.us](http://www.richmond-county.k12.va.us)

PRINCIPAL  
MR. BRYAN THRIFT

ASSISTANT PRINCIPAL  
MRS. MARONICA J. BROWN

## Field Trip Request Form

Date of the Trip:

Sponsor Making Request:

Class/Club/Team:

Account to Be Charged for Transportation:

Purpose of the Trip:

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### 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:

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:

**Medication**

A copy of the students attending the trip has been provided to the school nurse and that there will be professional personnel who have 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

**Meals Needed**

In the event that you need meals, please fill out the appropriate form in the teacher shared folder named [\*FS Meals Request Form\*](#).

If you are submitting a request for food, you will need to include that with this form and the administrator will send your finalized form to the Food Service.

**Costs**

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:

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Bus Assigned:

Driver Assigned:

Director of Transportation Signature:

APPROVALS: \_\_\_\_\_  
Principal and Date

\_\_\_\_\_  
Superintendent and Date (If required)