

Washington County Board of Education  
P. O. Box 1359 – 229 Granade Avenue  
Chatom, AL 36518

**Field Trip Request Form**

**\*NEEDS TO BE SUBMITTED TWO WEEKS BEFORE FIELD TRIP\***

**\*\*Extracurricular Bus Driver Payroll Form must be attached when submitted.\*\***

**\*\*NOTE: A student roster signed by the school nurse must be submitted with this form.\*\***

Date of Field Trip \_\_\_\_\_ Destination \_\_\_\_\_

Teacher(s) making request \_\_\_\_\_

Name of person(s) supervising \_\_\_\_\_ Bus Driver \_\_\_\_\_

Purpose of trip \_\_\_\_\_

Grade/Subject \_\_\_\_\_ Number of students going \_\_\_\_\_

Transportation by: School Bus \_\_\_\_\_ Charter Bus Company \_\_\_\_\_

Other: \_\_\_\_\_ Explain: \_\_\_\_\_

Plan for defraying costs and expenses \_\_\_\_\_

Costs: Admissions \$ \_\_\_\_\_ (0 if no cost.) Other: \_\_\_\_\_ Explain: \_\_\_\_\_

**Round trip** miles from the school \_\_\_\_\_ Time to complete the trip \_\_\_\_\_

School Departure Time: \_\_\_\_\_ School Arrival Time: \_\_\_\_\_

Explain the direct relationship of the field trip to the educational or instructional program.

\*\*\*The following people (if applicable) must be notified to sign and date this form two weeks prior to the field trip\*\*\*

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

Lunchroom Manager \_\_\_\_\_ Date \_\_\_\_\_

Federal Programs Coordinator \_\_\_\_\_ Date \_\_\_\_\_ Code \_\_\_\_\_

\*\*\*\*\*

**Bus Request**

\_\_\_\_\_ requests the use of \_\_\_\_\_ bus(s) for the field trip

I understand the school will pay \$1.55 per round trip mile. \$1.55 x \_\_\_\_\_ miles = \$\_\_\_\_\_ to be paid to the Washington County Board of Education.

Approved by Principal: \_\_\_\_\_ Date \_\_\_\_\_

Approved by Transportation Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

**Bus Assigned:** \_\_\_\_\_

( ) Approved ( ) Disapproved ( ) by Superintendent: \_\_\_\_\_ Date \_\_\_\_\_

Revised 08/2024