PENN-DELCO SCHOOL DISTRICT
FIELD TRIP REQUEST FORM

This form must be approved by the building principal at least 30 days prior to trip date.

The organizing faculty member must complete this form, attach a list of students potentially attending trip, and submit form to the School Nurse. The nurse will determine if a nurse or specific parent/guardian is needed on the trip. If needed, parent/guardian will be contacted to request attendance. If parent/guardian will attend, nurse notates below, approves form, and submits it to principal. If parent/guardian is unable to attend, the nurse enters the field trip date on the nurses district FT calendar as pending. If a nurse can be assigned to the field trip, the date is confirmed by the school nurse on the nurses district FT calendar, the nurse approves this form, and submits it to the principal for approval. Approved original forms are forwarded to the Assistant Superintendent for administrative approval. Original form is then sent to the Office of Transportation for final approval. Office of Transportation sends approved copy to building principal.

Note: Buses may not leave before 9:00am and must return by 2:00pm unless prior approval is given by the Supervisor of Transportation. Overnight trips require School Board approval at least one (1) month prior to trip date. Refer to Policy #121 for additional details and field trip requirements.

Date of Trip: Approx 5/21/26 - 5/25/26 **Check this box if Overnight Trip:** ✓

Destination Name and Address: Disney World - Orlando Florida

Educational rationale: Senior Class Trip

Leaving from: SVHS (School) at TBD (Time) **Returning to:** SVHS (School) at TBD (Time)

Trip will stop for lunch at: _____ (Place) _____ (Time)

Faculty Member Name: John Molefferi **# of Students:** TBd ~50 **Grade(s):** 12

Chaperone(s) John Molefferi, Juliane Hill & TBd

# of Substitutes Required: 2+ **for:** Chaperones TBD

BUSES MAY NOT OPERATE WITHOUT A FACULTY MEMBER AND SUFFICIENT CHAPERONES ABOARD.

TRANSPORTATION REQUESTED: _____SCHOOL BUS _____LIFT BUS _____CHARTERED BUS
(Chartered bus must be paid by student/club funds)

A Nurse or Parent/Guardian is needed for this field trip: TBD **Yes____ No____**
Parent/Guardian will attend: Yes____ No____ **Nurse will attend: Yes____ No____**

Nurse Signature: _____

_____ _____
(Organizing Faculty Member Signature) **(Date)**

Approved by: _____ _____
(Principal) **(Date)**

_____ _____
(Assistant Superintendent) **(Date)** **(Transportation Supervisor)** **(Date)**

(Revised: 9/2021)

Exceptions or changes to the above _____
Transportation:_____Available _____Not Available # of Buses Assigned _____
Permit No._____ Drivers_____