

ALLEGHANY COUNTY PUBLIC SCHOOLS

FIELD TRIP REQUEST FORM

SCHOOL _____ CURRENT DATE _____

TEACHER/SPONSOR _____ CLASS/GROUP _____

DATE(S) OF TRIP _____ NUMBER OF STUDENTS _____

DESTINATION _____ NUMBER & NAMES OF CHAPERONES: _____

TIME LEAVING _____ TIME RETURNING _____

EDUCATIONAL OBJECTIVES: (list by narrative & SOL, if applicable)

*NUMBER OF BUSES _____

(* K-5 = 45 students max.; 6-12 = 40 students max.; transit buses permit 6-10 additional students)

BUS DRIVER(S) _____

*FUNDING SOURCE _____

APPROVED _____ DATE _____

Principal/Assistant Principal

APPROVED _____ DATE _____

Director of Instruction

APPROVED _____ DATE _____

Supervisor of Maintenance and Transportation

APPROVED _____ DATE _____

Superintendent (Overnight/Out of state trips only)

NOTE: This form must be submitted to the Director of Instruction at least one week before the date of proposed in-state trips. It must be submitted at least eight weeks before the date of proposed out-of-state and/or overnight trips.