

**HAYWOOD COUNTY SCHOOLS
REQUEST FOR INSTRUCTIONAL FIELD TRIP
OVERNIGHT OR OUT-OF-STATE**

(These trips may be cancelled at any time due to a security alert.)

Form revised June 2, 2016

Board Policy: 3320

Requesting School: _____	Grade: _____	No. of Students: _____
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Teacher in Charge: _____

Date of Trip: _____	Date of Return: _____
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Purpose: _____

Length of Trip (miles): _____

Time of Departure: _____	Time of Return: _____
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Destination (town and site to be visited):

Vehicle Type: _____ Vehicle Not Needed
 _____ Regular Bus Number _____
 _____ Activity Bus Number _____
 _____ Charter Bus Company _____

Travel/Transportation Agency contracts must be signed by an administrator.

School Nurse Notified – Date _____

Actual Driving Time: _____ Stand-by Time (if any): _____

<p>The fee for using a bus is the responsibility of the school using the bus. Contact the Transportation Department for the current rate. Trip mileage should be reported to the cost clerk at the Transportation Department.</p>
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_____ Teacher	_____ Date	_____ Principal	_____ Date	_____ Superintendent	_____ Date
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Briefly answer the following:

1. Describe and/or list all the activities of this trip with an estimated time schedule and route.
2. List the lead-up activities you are planning in preparation for this trip.
3. In what way(s) does this trip relate to the curriculum for your grade and/or subject?
4. What follow-up and evaluation activities are planned?
5. How will students be supervised and what will be the staff-student ratio or reasonable precautions provided?
6. List any special medical concerns of participants.

(Please list the code or the fund source that will be used to pay for the bus and the driver.)