

**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 25, 2012

Board Policy: SA-5

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

Date of Trip: _____	Date of Return: _____
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.

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

The fee for using a school bus is at the current state rate per mile and is to be paid by the school using the bus. Contact the cost clerk at the bus garage for current state rate. Report trip mileage to the cost clerk.

Teacher Date

Principal Date

School Nurse (when appropriate) Date

Superintendent Designee Date

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.)