

HAYWOOD COUNTY SCHOOLS REQUEST FOR INSTRUCTIONAL FIELD TRIP SINGLE DAY TRIPS

Form revised June 25, 2012

Board Policy: SA-5

Requesting School: _____ Grade: _____ No. of Students: _____

Teacher in Charge: _____

Date of Trip: _____ Date of Return: _____

Purpose:

Length of Trip (miles): _____

Time of Departure: _____ Time of Return: _____

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 (Submitted by)	Date	Principal (Approved by)	Date	School Nurse (When appropriate)	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.)