



VAN BUREN COUNTY SCHOOLS

FIELD TRIP REQUEST FORMS

PRINCIPAL'S APPROVAL FOR FIELD TRIP

TURN THIS PAGE IN TO THE BUILDING PRINCIPAL

School: Early Bird Pre-School Spencer Elementary School Van Buren County High School

School Organization (ex: Athletics, Archery, FFA, Class Trip, etc.): _____

Destination(s) & Brief Description of Field Trip: _____

Date(s) of Trip: _____

Time of Departure: _____ **Time of Return:** _____

Method(s) of Transportation: School Bus(es) School Van(s)
**Please provide details if the following methods are chosen:* Private Vehicle(s) Charter Bus(es) Other

Details (Driver information, insurance information, explain "other" etc.): _____

Number Attending: Students: _____ **Adults:** _____ **Total:** _____

Names of Parents Attending: _____

Names of School Staff Attending: _____

**The following items must be completed and attached along with this trip request form and all items should be turned in to your building principal:*

- List of students attending
- An anticipated trip itinerary
- Copy of parent permission form that you will send out (*You must use the attached permission slip. You may attach and send additional information home, but the official permission slip form must be used and sent out.*)

Signature of Teacher (Trip Sponsor)

Date

Signature of Principal Approval

Date

Signature of Director of Schools Approval (if applicable)

Date

TRANSPORTATION REQUEST FOR FIELD TRIP

TURN THIS PAGE IN TO THE SUPERVISOR OF TRANSPORTATION AT LEAST TWO WEEKS PRIOR TO THE PLANNED FIELD TRIP
PLEASE BE SURE TRANSPORTATION IS APPROVED BEFORE MAKING OR CONFIRMING TRIP RESERVATIONS

Date of Request: _____

School: Early Bird Pre-School Spencer Elementary School Van Buren County High School

School Organization (ex: Athletics, Archery, FFA, Class Trip, etc.): _____

I hereby request the use of _____ school bus(es) and/or _____ school van(s) for the following trip:

Date(s) of Trip: _____

Destination(s) & Brief Description of Field Trip: _____

Time of Departure: _____ (Time you would like the driver to be ready to load the bus)

Time of Return: _____ (All buses must return by 2:30 p.m. whenever possible)

Number Attending: Students: _____ Adults: _____

Total Riders: _____

Expenses born by (account): _____

Signature of Teacher (Trip Sponsor)

Date

Signature of Principal Approval

Date

TRANSPORTATION COST NOTICE:

All sports and field trips are **\$70.00 per bus** with an **additional \$10.00 per hour for every hour over 8 hours.**
For longer distance trips (Pigeon Forge, Nashville, etc.) **\$150.00 will be full payment** with no additional overage due.
Payment is due to the Van Buren County Board of Education.

(Cost of trips updated as of Summer 2018)

***ALL BUSES WILL LOAD AND UNLOAD IN THE BACK OF THE SCHOOLS OR AT THE AUXILIARY GYM.**

***Chaperones are responsible for supervision of students while on the trip (rendering first aid, handling issues, cleaning up messes, etc.).
It is not the responsibility of the driver.**

***Please have routes and directions to destination(s) pre-planned and discuss these with the driver before leaving.**

FOR USE BY SUPERVISOR OF TRANSPORTATION:

Driver(s) assigned: _____

Bus(es) assigned: _____

Signature of Supervisor of Transportation

Date

LUNCH FORM FOR FIELD TRIP

TURN THIS SECTION IN TO THE CAFETERIA MANAGER AT LEAST ONE WEEK PRIOR TO THE PLANNED FIELD TRIP

School: Early Bird Pre-School Spencer Elementary School Van Buren County High School

Date(s) of Trip: _____

Teacher(s) Name & Grade Level: _____

Number of: Students: _____ Adults: _____ **Total:** _____

Number of Sack Lunches Needed: _____ Number of Coolers Needed: _____

Please have the child choose their milk type prior to turning in this form. List the number of needed milk types.

White Milk _____

Chocolate Milk _____

Skim Milk _____

U.S.D.A.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

✂ -----(please cut and turn each section in to the appropriate place)----- ✂

OFFICE STAFF & SCHOOL NURSE NOTIFICATION OF FIELD TRIP

TURN THIS SECTION IN TO THE SCHOOL FRONT OFFICE

Please complete this form and return it to the main office of your school. It will be copied and distributed to the staff members indicated. Check the appropriate boxes and write in additional information where necessary.

School: Early Bird Pre-School Spencer Elementary School Van Buren County High School

Date(s) of Trip: _____ **Time of Departure:** _____ **Time of Return:** _____

Teacher(s) Name & Grade Level/Organization: _____

Destination(s): _____

SCHOOL NURSE NOTIFICATION

Please notify the nurse at least one week prior to the trip. Consider needs for handicap transportation. Check in the day before the trip to make plans to pick up the first aid kit and medication for the trip.

(SES Only) Please notify the following Specialist Teachers:

Art	Reading
Librarian	Computer Resource
P.E.	

(SES Only) Please notify the following Special Education Departments:

Occupational Therapy	Resource
Speech/Language	School Psychologist

(SES Only) Please notify the following Instructional Assistants: Please list names



VAN BUREN COUNTY SCHOOLS
FIELD TRIP PERMISSION FORM

TRIP INFORMATION

SCHOOL: _____
 NAME & DESCRIPTION OF TRIP: _____
 DATE OF TRIP: _____ WILL TRAVEL BY (Bus/Van): _____
 ANTICIPATED TIME OF DEPARTURE: _____ ANTICIPATED TIME OF RETURN: _____
 COST OF TRIP FOR STUDENTS (Including money needed for food and activities while away on the trip): _____

ATTENDING SCHOOL STAFF: _____

ALL SCHOOL RULES APPLY WHILE ON FIELD TRIPS.

PARENTAL PERMISSION

I, _____ (name of parent/guardian), do hereby give my permission for my child _____ (name of student) to attend the above named activity. I understand that the school will provide transportation and that a teacher and/or school staff will be in attendance during the activity.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1 – Name: _____ Phone: _____
 Emergency Contact #2 – Name: _____ Phone: _____
 Emergency Contact #3 – Name: _____ Phone: _____

STUDENT HEALTH INFORMATION

Do you authorize a district employee to give your child the following over-the-counter medications if needed and/or requested by your child while on the trip?:
 Acetaminophen (Tylenol) Yes _____ No _____ | Ibuprofen Yes _____ No _____ | Benadryl Yes _____ No _____ | Antacid (Tums) Yes _____ No _____

Please list any health problems, limitations, allergies, concerns your child may have that the chaperones on the trip need to be aware of:

Is your child on daily medication or have a health plan with the school nurse? Yes _____ No _____ (If yes, complete consent below for giving medication.)

PARENTAL PERMISSION TO ASSIST WITH MEDICATION TO STUDENT (IF APPLICABLE)

I give permission for _____ (student's name) to attend the above mentioned field trip on _____ (date).
 I understand that a staff member will assist my child with medication. Information about the medication that needs to be taken by my student is as follows:

NAME OF MEDICATION: _____
 DOSAGE: _____
 TIME TO BE TAKEN: _____
 HOW IT IS TAKEN: _____
 DOCTOR'S NAME: _____

I understand that the school nurse will supply all medication that will be administered on this field trip.

Parent/Guardian Signature: _____ Date: _____

Please contact the Van Buren County Schools nurse if you have any questions by calling (931) 946-2171.