

NEWBERRY COUNTY SCHOOL DISTRICT
APPLICATION FOR Overnight FIELD TRIP/FIELD STUDY---2019-2020

Directions: This form must be completed in its entirety. Forty five (45) school days prior to the field trip the school nurse must be provided with the class roster(s). Forty (40) school days prior to the overnight field trip: 1) this form must be sent to the Superintendent's designee; and 2) bus permits must be submitted to the transportation office. A copy of this form must be submitted to the lunchroom manager and the school nurse at the time approval is given. (Deviation from timelines are considered only under extenuating circumstances.)

School: _____ Date: _____

Sponsoring Group: _____ Responsible Teacher: _____

Number of Participating Students: _____ Date(s) of Trip: _____

Number of School Days to be Missed: _____ Number of school lunches to be missed: _____
 (Cannot exceed three consecutive school days)

Destination of Trip (specific event site and/or city/state): _____

Curricular Standards to be Addressed: _____

Chaperones (1:10)	Address	Telephone #

(Additional chaperones should be listed on an attached sheet.)
 NOTE: Overnight trips must have both male and female chaperones if both male and female students are attending.

Mode of Transportation (check one):
 School Bus (In-State Only) _____ Activity Bus (In-State Only) _____ Number of Buses Needed: _____
 Bus Request Form completed and submitted to Bus Coordinator: Yes _____ No _____ N/A _____

Commercial Carrier _____ Bus Line _____
 Contact Person _____ Phone _____ Fax _____

Method of Financing (check one):
 Students Pay _____ Club Treasury _____ Fundraiser _____ Donations _____ Other _____
 Explain: _____ Cost per student: \$ _____

Lesson plans for trip and trip itinerary are attached. _____ (Teacher/Sponsor Initials)

Nursing Services Arrangements:
 Date nurse notified: _____ Signature of Nurse: _____

The nurse must be given the class roster(s) no later than 2 months in advance of a field trip. Health Information forms should be completed at the beginning of the school year. *If any of the forms are missing, nurse will return to teacher for completion before signing.

Approved By:
 _____ Date: _____
 Teacher's Signature
 _____ Date: _____
 Principal's Signature
 _____ Date: _____
 Superintendent's Designee

Operations Dept. Use Only: Permit # _____