

Warren County Schools

Overnight Field Trip and Activity Bus Request

This form should be typed.

Note: This form must be submitted to the Superintendent on the Monday prior to the Board meeting for approval.

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|---|--|
| School: _____ Grade: _____ Date(s) of Trip: _____ 340: Northside K-8 330: Mariam Boyd Elementary 348: Vaughan Elementary 354: WCMS 352: WCHS 360: WECHS 700: WNTHS | Department/Club: _____ Destination: _____ City: _____ State: _____ |
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Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Describe fully the site(s) to be visited and the activities to be engaged in by participants: _____

Relate the trip's activities to the specific portion of the curriculum under study. _____

Expenses to be incurred per student:

Registration: \$ _____ Hotel/Motel: \$ _____ Transportation: \$ _____ Food: \$ _____ Other: \$ _____

Student Cost: \$ _____ Chaperone Cost: \$ _____ Medical Treatment Consent Form: Yes _____ No _____

Account Pay Code: _____

Bus Driver(s): _____

I have approved this activity and this request is submitted with full knowledge and understanding of the Warren County Board of Education policies governing use of activity buses.

Sponsor's Signature: _____ Date: _____

As principal I have collected and placed on file a signed copy of the Field Trip and Medical Treatment Consent Form for each student participation in this trip and confirm that each student attends the Warren County School system. Furthermore, all adults serving as chaperones are Warren County School employees, parents of students on the field trip, and/or school volunteers.

Principal's/Director's Signature: _____ Date: _____

Board of Education Approval: _____ Date: _____

| # of Buses Requested | Student Passengers | Child Seatbelts/ Restraints | Teacher(s) Passengers | Chaperone(s) Passengers | Total Number Passengers |
|----------------------|--------------------|-----------------------------|-----------------------|-------------------------|-------------------------|
| | | | | | |

Mode of Travel: Commercial Coach Other (please specify) _____

Bus Garage Use Only:

Date Received: _____ Vehicle(s) Approved: _____ Bus(es): _____

Signature: _____ Date Approved: _____