

Warren County Schools

Field Trip and Activity Bus Request

This form should be typed.

Note: This form must be submitted for approval, 10 days prior to the date of trip.

School: _____ Grade: _____ Date(s) of Trip: _____	Department/Club: _____
340: Northside Elementary 330: Mariam Boyd Elementary 348: Vaughan Elementary 344: South Warren 354: WCMS 352: WCHS 360: WCECS 700: WCNTS	Destination: _____ City: _____ State: _____

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: _____

Account Pay Code for Driver: _____ and Expense 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 if access is available.

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: _____

Asst. Superintendent's Signature: _____ Date: _____

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

Bus Garage Use Only:

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

Signature: _____ Date Approved: _____

Original: Submit To Asst. Supt's Office

____ Transportation
____ School (Once Approved)

IS-109

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