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.

School: _____Grade: _____ Date(s) of Trip: _____

340: Northside Elementary
348: Vaughan Elementary
354: WCMS
360: WECHS
330: Mariam Boyd Elementary
344: South Warren Elementary
352: WCHS
700: WNTHS

Department/Club: _____

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. _____

_____

_____

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: _____

Original: Submit To Supt's Office
_____Transportation
_____School (Once Approved)

IS-112

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