

NEWBERRY COUNTY SCHOOL DISTRICT
APPLICATION FOR SCHOOL DAY FIELD TRIP ----- 2018 – 2019

Directions: This form must be completed in its entirety. Twenty (20) school days prior to the field trip the nurse must be given the class roster(s). Fifteen (15) school days prior to the field trip: 1) this form must be sent to the superintendent's designee; 2) a copy of this application must be sent to the lunch room manager; and 3) bus permits must be submitted to the transportation office. (Deviation from timelines are considered only under extenuating circumstances.)

School: _____ Date: _____

Sponsoring Group: _____ Responsible Teacher : _____

Number of Participating Student: _____ Date of Trip: _____ Departure Time: _____ Return Time: _____

Destination of Trip (Specific Site and City/State): _____

Curricular Standards to be Addressed: _____

Chaperones (one for each 10 students):

| Name | Address | Phone # |
|-------|---------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Additional chaperones should be listed on attached sheet)

Lunches: Will students eat lunch at school? Yes ___ No ___
 Will students need a box lunch prepared for the field trip? Yes ___ No ___ If yes, how many? _____

Mode of Transportation (Check one):

School Bus (In-State Only) _____ Activity Bus (In-State Only) _____ Number of Buses Needed _____
 Walking _____
 Bus Request Form Completed and Submitted to Bus Office: Yes ___ No ___ NA ___

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 four weeks (20 school days) 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:

 Teacher's Signature Date: _____

 Principal's Signature Date: _____

 Superintendent's Designee Date: _____

Office of Operations Use Only: Bus permit number _____