

**NEWBERRY COUNTY SCHOOL DISTRICT**  
**APPLICATION FOR Overnight FIELD TRIP/FIELD STUDY---2018-2019**

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:

\_\_\_\_\_  
 Teacher's Signature Date: \_\_\_\_\_

\_\_\_\_\_  
 Principal's Signature Date: \_\_\_\_\_

\_\_\_\_\_  
 Superintendent's Designee Date: \_\_\_\_\_

**Operations Dept. Use Only: Permit #** \_\_\_\_\_