

NEWBERRY COUNTY SCHOOL DISTRICT
APPLICATION FOR DAY FIELD TRIP/FIELD STUDY (YEAR ROUND)---2018-2019

PLEASE COMPLETE THIS FORM THREE WEEKS (15 school days) PRIOR TO *FIRST* FIELD STUDY ACTIVITY.

School: _____ Date: _____

Sponsoring Group: _____ Responsible Teacher: _____

Number of Students to Participate: _____

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

Curricular Standards to be Addressed: _____

List of activities and their projected dates: _____

Departure Time: _____ Return Time: _____

Chaperones (**one for each 10 students**):

Name, Address, Phone #

Mode of Transportation (check one):

School Bus (In-State Only) _____ Activity Bus (In-State Only) _____ Number of Buses Needed _____

Walking _____ Driving _____

[Bus Request Form Completed and Submitted to Bus Office: Yes ___ No ___ NA ___]

Method of Financing (check one):

Students pay _____ Club treasury _____ Fundraiser _____ Donations _____ Other _____

Explain: _____ Cost per Student _____

The principal will review and keep lesson plans on file for the trip

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 the first field trip.

Travel health 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: _____