

FIELD TRIP REQUEST

Tazewell County Public Schools, 209 W. Fincastle, P.O. Box 927, Tazewell, Virginia 24651-0927

NOTE: Field Trip Request not received in this office two weeks (14 days) prior to the date of trip will not be considered for approval.
List teachers and chaperones assuming responsibility on back of form. **Reviewed checklist on back of form:** Yes No

Today's Date: _____ **School Submitting Request:** _____

Contact Person for this trip: _____

Is this a new Field Trip Request? Yes No **If yes, complete Section 1. If no, continue to next line.**

If you answered yes to any one of the questions below, complete Section 2.

Is this request an update from a previous request that has already been approved? Yes No

Is this trip a rescheduled sports trip or a time change for a sports trip? Yes No

Is this a cancellation notice for a trip that has already been approved? Yes No

Section 1 - Must be Completed:		Destination of Trip: _____										
Grade, Class or Organization: _____		Reason for Trip: _____										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Check One:</td> <td style="padding: 2px;">Check One:</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Curricular</td> <td style="padding: 2px;"><input type="checkbox"/> School Bus</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> VHSL</td> <td style="padding: 2px;"><input type="checkbox"/> Activity Bus</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Other</td> <td style="padding: 2px;"><input type="checkbox"/> Special Needs Bus</td> </tr> <tr> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Other</td> </tr> </table>	Check One:	Check One:	<input type="checkbox"/> Curricular	<input type="checkbox"/> School Bus	<input type="checkbox"/> VHSL	<input type="checkbox"/> Activity Bus	<input type="checkbox"/> Other	<input type="checkbox"/> Special Needs Bus		<input type="checkbox"/> Other	Estimation of the number of students to be transported: _____ Cost to each pupil: _____ Amount paid per pupil by organization: _____ Departure Date: _____ Time: _____ Return Date: _____ Time: _____	
Check One:	Check One:											
<input type="checkbox"/> Curricular	<input type="checkbox"/> School Bus											
<input type="checkbox"/> VHSL	<input type="checkbox"/> Activity Bus											
<input type="checkbox"/> Other	<input type="checkbox"/> Special Needs Bus											
	<input type="checkbox"/> Other											
Pick up location: _____												
Will this bus pick up students from any other school? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, name each school below):												
If any information is missing in this section, the request form will be returned and no transportation will be provided. NOTICE: If a trip is cancelled or rescheduled, please complete a new form and fax to the Transportation Office at 988-0316.												

Section 2 - Sports and Field Trip changes - For Section 2 Only - Fax to 988-0316						
Sport or Group: _____ Destination of Trip: _____ Do you want transportation to cancel the trip listed? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this trip involve any other school? <input type="checkbox"/> Yes <input type="checkbox"/> No Principal or AD Signature: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Rescheduled Information Needed:</td> </tr> <tr> <td style="padding: 2px;">Original Date: _____</td> </tr> <tr> <td style="padding: 2px;">Original Time: _____</td> </tr> <tr> <td style="padding: 2px;">New Date: _____</td> </tr> <tr> <td style="padding: 2px;">New Time: _____</td> </tr> </table>	Rescheduled Information Needed:	Original Date: _____	Original Time: _____	New Date: _____	New Time: _____
Rescheduled Information Needed:						
Original Date: _____						
Original Time: _____						
New Date: _____						
New Time: _____						

SIGNATURE/POSITION OF PERSON SUBMITTING REQUEST: _____

<input type="checkbox"/> REJECTED <input type="checkbox"/> APPROVED	PRINCIPAL	DATE
<input type="checkbox"/> REJECTED <input type="checkbox"/> APPROVED	IMMEDIATE SUPERVISOR (CENTRAL OFFICE)	DATE
<input type="checkbox"/> REJECTED <input type="checkbox"/> APPROVED	SUPERINTENDENT / DESIGNEE	DATE

