

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

Field Trips & Excursions
Certificate of Insurance Coverage

NOTE: *This portion must be completed if privately owned vehicle will be used for Field Trips & Excursions.*

I, _____, an employee of Tazewell County Schools at _____, am aware of Regulation EEA-R concerning the use of private cars for transporting students. On my vehicle, I carry the minimum limits of insurance as follows:

\$300,000 / \$500,000 - Bodily Injury	\$50,000 - Property Damage	\$5,000 - Medical Payments
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I understand that my insurance will be primary in the case of an accident for all occupants of my vehicle, and that Tazewell County Schools' coverage will be secondary.

Signature of Employee

Signature of Principal

CHECKLIST FOR TEACHERS, SPONSORS, AND PRINCIPALS: *(This checklist is not inclusive, but a guide for the principal.)*

The principal is responsible for the safety of both staff and students during all aspects of field trip travel. Adequate planning, liability, consideration, and financing must be addressed for successful educational

1. Does the scheduling of the field trip enhance the objectives of the class or course?
2. Has the purpose of the field trip and its benefits been discussed with the students?
3. Has the field trip been cross-checked with the school activity calendar?
4. Does the trip minimize absence from school?
5. Has the closest and best location been considered?
6. Has a contact person been identified at the site and their participation confirmed?
7. Have chaperones been made aware of security needs at stops to guard against placing children in unsafe situations?
8. Do chaperones have a contact number for school personnel in case of emergency?
9. Have contingency plans been developed for emergency situations?
10. Have the financial arrangements been worked out for all students?
11. Have parental and student forms been distributed, completed, and collected?
 - Permission forms and emergency care completed and returned
 - Written guidelines of trip rules distributed, discussed, and signed by the parents and students
 - Consideration given for parents to sign a luggage consent form so that school personnel can search belongings for illegal or prohibited items if necessary. Parents of any student possessing, selling or using illegal drugs/alcohol will be notified by a designated chaperone to make arrangements to come for the student and transport him/her home. (See Policy JFCI-R)

Code of Virginia, Section 22.1-176, 22.1-182, 22.1-190 Virginia High School League –
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Chaperones:

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