

NOTTOWAY COUNTY PUBLIC SCHOOLS FIELD TRIP REQUEST

Teacher/School		Date of Request	
Destination		Bus Shop Contacted	
<i>(Check all that apply)</i> Overnight? Yes <input type="checkbox"/> No <input type="checkbox"/> Out of State? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If either answer is yes, this request will need board approval - allow appropriate time)</i>		Date _____ Bus Available Yes <input type="checkbox"/> No <input type="checkbox"/> Requester's Initials <input style="width: 50px; height: 20px;" type="text"/>	
Class, Club or Group		Date(s) of Trip	
Number of Students	SOL(s)		
Means of Transportation			
Names of Chaperon(s) 10:1 Ratio Required			
Date/Time of Departure		Date/Time of Return	
Objective(s) to be Accomplished by Trip			
1.			
2.			
3.			
Parent Permission Required Yes <input type="checkbox"/> No <input type="checkbox"/>			

_____ Signature(s) of Teacher(s)

_____ Approval/Signature of Principal

_____ Date

School Board Approval <i>(if applicable)</i> Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____	Approved <input style="width: 30px; height: 20px;" type="checkbox"/> Disapproved <input style="width: 30px; height: 20px;" type="checkbox"/>	_____ Signature/Director of HR/Operations _____ Date
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