

MADISON COUNTY PUBLIC SCHOOLS
FIELD TRIP REQUEST

SCHOOL _____ CLASS/ORGANIZATION _____

DESTINATION _____ DATE OF TRIP _____

TYPE OF REQUEST: Regular Special Overnight

REASON FOR TRIP: Supplemental Instruction (SOL Related and Number) _____

COMPETITION _____ CLUB ACTIVITY _____ CLASS _____

PURPOSE OF TRIP: (Give a brief description of relationship to curriculum or instructional goals—use additional sheet if needed)

FOLLOW-UP: (Describe plans for review or follow-up of trip activities)

PROCEDURES: (Details of itinerary, chaperons, special conditions)

DATE: _____ TEACHER/SPONSOR: _____

Principal: _____ Date: _____ Approved: _____ Disapproved: _____

School Board: _____ Date: _____ Approved: _____ Disapproved: _____

VEHICLE REQUEST

TYPE OF VEHICLE: SCHOOL BUS VAN CAR

NUMBER OF STUDENTS: _____

TIME OF DEPARTURE: _____ TIME OF RETURN: _____

DEPARTURE LOCATION: _____

BUS # _____ DRIVER _____ VAN/CAR # _____

BUS # _____ DRIVER _____ VAP/CAR # _____

SUPERVISOR OF TRANSPORTATION: _____ DATE _____