

**King William County Public Schools
FIELD TRIP REQUEST FORM**

NAME OF SCHOOL _____ DATE _____

This form shall be completed when planning and organizing field trips and submitted to the building principal for approval and forwarding to the school board office.

NO MONEY SHALL BE COLLECTED AND NO FINAL PLANS FOR FIELD TRIPS SHALL BE DISCUSSED WITH STUDENTS OR PARENTS UNTIL AFTER APPROVAL IS OBTAINED FROM THE SUPERINTENDENT OR DESIGNEE AND/OR THE SCHOOL BOARD.

Teacher _____ Grade Level(s) _____
Class/Group _____
of Pupils _____ # of field trips previously taken by this class _____
Destination _____
Event _____
Instructional Purpose*: _____

Time of Departure _____ o'clock on _____, 20 _____
Time of Return _____ o'clock on _____, 20 _____

Evaluation*: State how the instructional purpose of the trip will be evaluated: _____

Safety Considerations*: State the provisions for the safety of all students, chaperones and staff members: _____

*** If additional space is needed, please continue on back**

Method of Transportation _____ County _____ Commercial _____ Private Vehicle _____
of School Bus(es) requested _____
of Teacher(s) _____ # of Chaperones _____ # of Substitute Teachers _____
Amount of fee paid per student for this trip _____

_____ approved _____ disapproved _____
Principal's Signature Date
_____ approved _____ disapproved _____
Superintendent or Designee Date

- Principal's Field Trip Approval Checklist**
- _____ Field Trip objectives are valid and appropriate
 - _____ Written permission will be on file for each student
 - _____ # of teacher(s) accompanying group _____; # of substitutes needed _____
 - _____ Chaperone/Student ratio is at least 1:10
 - _____ Safety and security provisions are appropriate
 - _____ Provisions made for students with disabilities
 - _____ Insurance certificate on file for commercial or private vehicle use
 - _____ Bids attached (if applicable)

After approval send copies to: Principal, Teacher, Superintendent (or designee)

Instructional Purpose: (continued)

Evaluation: (continued)

Safety Considerations: (continued)

Commercial Bid Information (if applicable):

Company Name: _____

Address: _____

Phone #: _____

Cost of Transportation: _____

Name of Individual Contacted: _____

Company Name: _____

Address: _____

Phone #: _____

Cost of Transportation: _____

Name of Individual Contacted: _____

Company Name: _____

Address: _____

Phone #: _____

Cost of Transportation: _____

Name of Individual Contacted: _____