

**ALLEGHANY COUNTY SCHOOLS
REQUEST FOR A FIELD TRIP**

Date(s) of Field Trip: _____ Departure Time: _____ Return Time: _____

Today's Date : _____ (form must be turned in at least 3 weeks prior to the date of departure)

Teacher/Sponsor(s): _____

Student Group/Grade Level(s) Involved: _____ # of Students: _____

Are any students with Special Needs in this Group? Yes _____ No _____

Have accommodations been arranged for students with special needs (lift, specialized restraints, etc. consult with PT or parents)? Yes _____ No _____ N/A _____

Destination: _____

Is the destination fully accessible to all participants? Yes _____ No _____

Purpose of the trip (Please attach separate sheet with specific learning objectives from North Carolina Standard Course of Study)

Method of Transportation: _____

Arrangement for Adult Supervision (be specific): # Adults: _____ Teacher/Student Ratio: _____

Names of Chaperones (Attach separate sheet if needed):

of subs needed _____ Funding Source _____

Arrangements for Meals: _____

Student Fees/Tickets: \$ _____ Other Funding Source: _____

Arrangements for students who cannot pay:

Hotel or Lodging Required: _____
(Attach additional sheet if necessary)

Charter Bus Information if Charter Buses are Used: _____

Additional Information or details: _____

If activity buses or yellow school buses and bus drivers will be needed, please complete the following:

Number of bus drivers	_____
Number of hours:	_____
Cost per hour for bus driver \$11.38	_____
Total Cost for bus Drivers	_____
Mileage	_____
Cost per mile \$1.20/activity \$2.43/yellow	_____
Total cost for mileage	_____
Grand Total Cost for Field Trip Transportation	_____
Funding Source for Transportation	_____

Names of Bus Drivers: _____

My signature verifies that I am in compliance with ALL field trip guidelines and procedures that are on this page.

Teacher: _____ Date: _____

My signature verifies that I am in approval of this field trip and that the teacher has complied with ALL field trip guidelines and procedures that are on this page.

Sponsor source Signature: _____ Date: _____
(Signature of Director required if other sponsor source is listed, ex: (GearUp, EC, CTE, etc.)

Principal Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

Date Approved by the Allegheny County Board of Education (If Trip is Out-of-State): _____

Transportation Department Only

Bus # _____ Date Issued: _____ Bus Driver Name: _____

Bus # _____ Date Issued: _____ Bus Driver Name: _____

Bus # _____ Date Issued: _____ Bus Driver Name: _____

Activity Buses May Only Be Us For School-Affiliated Activities (No AAU Sports, Wrestling Club, Youth Football (Below 7th Grade), Summer Baseball Or Other Activities Not Directly Sponsored By Allegheny County Schools.