

# 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

<b>Section 1 - Must be Completed:</b>		Destination of Trip: _____
Grade, Class or Organization: _____		Reason for Trip: _____
<b>Check One:</b> <input type="checkbox"/> Curricular <input type="checkbox"/> VHSL <input type="checkbox"/> Other	<b>Check One:</b> <input type="checkbox"/> School Bus <input type="checkbox"/> Activity Bus <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: _____
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):		
<b>If any information is missing in this section, the request form will be returned and no transportation will be provided.</b> <b>NOTICE: If a trip is cancelled or rescheduled, please complete a new form and fax to the Transportation Office at 988-0316.</b>		

<b>Section 2 - Sports and Field Trip changes - For Section 2 Only - Fax to 988-0316</b>	
Sport or Group: _____	<b>Rescheduled Information Needed:</b> Original Date: _____ Original Time: _____ New Date: _____ New Time: _____
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: _____	

SIGNATURE/POSITION OF PERSON SUBMITTING REQUEST: \_\_\_\_\_

REJECTED  APPROVED

\_\_\_\_\_  
PRINCIPAL DATE

REJECTED  APPROVED

\_\_\_\_\_  
IMMEDIATE SUPERVISOR (CENTRAL OFFICE) DATE

REJECTED  APPROVED

\_\_\_\_\_  
SUPERINTENDENT / DESIGNEE DATE

