

Appendix A:

Buena Vista City Schools- Field Trip Request Form

Teacher Name: _____ Grade: _____

Date of Request: _____ School: _____

Destination: _____

Date of Trip: _____ Departure Time: _____ Return Time: _____

Bus Transportation Needed?(Circle one) YES NO

Handicap Bus Needed?(Circle One) YES NO

Lunch Request?(Circle One) YES NO If so, how many? _____

***A list of students needing a packed lunch should be submitted to cafeteria at least 3 school days prior to trip.**

Number of Students: _____

List Chaperones: _____

List the relative VA SOL'S and educational objective(s) of this trip. What classroom followup is planned?

Teacher Signature _____ Date: _____

Principal Signature: _____ Date: _____

Transportation Signature: _____ Date: _____

Assistant Superintendent Signature: _____

Date: _____

Authorized _____

Not Authorized: _____

School Board Expense: _____ 100% School Board Expense
_____ Bus-Local School Pays Transportation
_____ School Car
_____ Private Car
_____ No Expense to School Board