



SCHOOL TRIP/TRANSPORTATION REQUEST FORM

School: _____ Departure Date: _____
 Group Name: _____ Return Date: _____
 Trip Destination: _____ Number of Students: _____
 Other stops scheduled for this trip: _____
 Departure Time: _____ Return Time: _____ Number of days absent from school: _____
 Purpose of Trip: _____
 Grade Level(s): _____ Accommodations for special needs students: No Yes # Wheelchairs: _____
 Nurse Needed: _____ Nurse's Name: _____

CHAPERONES

Total Number of Chaperones: _____ Names of Employee Chaperones: _____

- Each student must have written parental permission (including medical insurance information) and permission to obtain medical treatment if required.
- Elementary and Middle School trips should not exceed 150 miles.
- All overnight and/or trips that exceed 100 miles must be approved thirty-one (31) days prior to activity. Attach "Request for Release Day" form for all employees who will be chaperoning.

TRANSPORTATION

Transportation Provided by: County Other (Explain) _____
Transportation must be provided by Cabell County school buses or an insured commercial carrier.

- All trip requests must be received by the transportation department 5 days prior to the date trip is to be made.
- Schedules for extra-curricular activities shall not conflict with the regularly organized transportation schedule that provides transportation to and from school.
- Each bus scheduled for this activity shall, in addition to the bus operator, be supervised by a professional member of the school staff.
- Trips made during school hours must be returned to their school by 2:00 p.m.
- All children being transported on an extra-curricular trip will be picked up and discharged at the school making the request.
- A list of all passengers shall be given to the driver prior to departure. A list should also be left at the school.
- The designated school requesting this trip will be invoiced. If the funds are to come from a Board of Education account, it must be indicated.

Charge to Account Number: _____

As the principal of the designated school, I agree to pay the driver's wages and any applicable surcharges that may be associated with this trip if using a county school bus.

Principal's Signature: _____

APPROVAL

Ex. Director	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature: _____
	Surcharge added due to trip not meeting criteria: Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Dep. Sup.	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature: _____
	Surcharge added due to trip not meeting criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

