

MECKLENBURG COUNTY PUBLIC SCHOOLS - REQUEST FOR APPROVAL OF FIELD TRIPS

School Name _____ Sponsor/Cell #: _____

Destination City/Place _____ Number of Students _____

Departure Location: _____ (Ex: In Front of Gym) Form Creation Date: _____

Number/Type of Vehicles _____ Overnight Field Trip: Yes or No

Date of Trip _____ Departure Time: _____
(Leaving and Returning)

Return Time: _____ Miles Round Trip: _____

Driver Preference: _____

Give the names of the instructional personnel accompanying pupils/students on this trip.

Give the name of the instructional person in charge of the bus while on this trip.

Give the names of parents and others, if any, who will be accompanying pupils/students on this trip. _____

What is the cost of this trip for each pupil/student? _____

What is the purpose of this field trip? _____

What is the source of funding for this trip? _____

Signature(s) of person(s) making request: _____

I (approve, disapprove) of this trip requested. _____
(Circle one) Principal Signature and Date

I (approve, disapprove) of this trip requested. _____
(Circle one) Superintendent or Assistant Superintendent
Signature and Date

Portion below is to be filled out by the Transportation Department 434-738-6771 or 434-210-0910

Vehicle ID's: _____ Drivers: _____

Completed by _____ Date _____