



HERTFORD COUNTY PUBLIC SCHOOLS

Board Approved Field Trip Instructional Plan

Date Submitted:		School:		Requestor's Name:	
Grade(s):		Trip Destination:			
Number of Students:		Number of Chaperones:			
Standard Course of Study Objective(s)/and Student Outcome (Must submit itinerary along with this form)					
Will Any Students with Disabilities Need Accommodations to Ensure Their Full Participation on This Trip? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Date of Departure:		Time of Departure:		Total Hours of Field Trip:	
Date of Return:		Time of Return:			

BUS REQUEST

Type of Vehicle Requested:					
Number of Passengers	Number of Students:		Number of Adults:		
Names of Adult Chaperone(s):					
Name of Vehicle Driver or Name of Chartered Bus Company:		Bus Company Contact Number:			
Approximate Number of Miles:		Fund Source:			
Bus Driver to be Paid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Notification of Cafeteria Manager?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Driving Time Only:		Duration of Trip:			
Number of Hours Anticipated for Compensation:					
Time Bus is to be Picked Up By Driver:		Departure Time From School:			

This request is made in compliance with the Board of Education policies and safety regulations governing activity bus use.

Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	_____ School Nurse	(Required) Date: __/__/__	Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	_____ Director of Funding Program	(If Applicable) Date: __/__/__
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	_____ School Improvement Chair	(If Applicable) Date: __/__/__	Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	_____ Superintendent (All Trips for Board Approval) or Designee	(Required) Date: __/__/__
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	_____ Principal Signature	(Required) Date: __/__/__	Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	_____ Transportation Supervisor	(Required) Date: __/__/__