

WILSON COUNTY SCHOOLS
FIELD TRIP REQUEST - Refer to Board Policy 4.302

ALL REQUESTS MUST BE **SIGNED** BY THE PRINCIPAL
SIGNED REQUESTS CAN BE SUBMITTED BY FAX TO 443-6180 OR
VIA E-MAIL TO PEERYP@WCSCHOOLS.COM

SCHOOL:

PERSON MAKING REQUEST:

Number of Field Trips Taken This Semester:

NUMBER OF STUDENTS ATTENDING:

NUMBER OF CHAPERONES ATTENDING: RATIO 1-15

NURSE REQUIRED: YES NO

NURSE PROVIDED: YES NO

NAME OF NURSE:

DATE OF FIELD TRIP:

PURPOSE OF FIELD TRIP:

DESTINATION OF TRIP: NAME AND LOCATION

SCHOOL TIME MISSED:

NAME OF GROUP GOING ON TRIP:

TRIP EXPENSES PAID BY:

MODE OF TRANSPORTATION:

**SUBSTITUTE REQUIRED FOR HOW
MANY TEACHERS AND NUMBER OF
DAYS SUBSTITUTE IS REQUIRED:**

_____ TEACHERS FOR _____ DAYS

**ARE PARENT RELEASE FORMS ON
FILE AT YOUR LOCATION:**

**IF TRAVELING BY COUNTY TRANSPORTATION OR VAN AND CDL IS REQUIRED, PLEASE
COMPLETE THE FOLLOWING:**

NAME OF DRIVER AND CDL NUMBER:

**Any trip involving transportation of students must meet all guidelines as established by
the Board of Education for transporting students.**

Name of Person Making Request:

Date:

***Signature of School Principal:**

Date:

Signature of Director of Schools

Date:

Approved Denied

*I certify that the field trip meets the requirements for Field Trips as per Board Policy 4.302 and this Field Trip does not exceed the number allowed by said policy.