

Radford City Public Schools
FIELD TRIP REQUEST

School _____ Grade/Group/Department _____ Date _____

Destination _____

Date(s) of Trip _____

Depart From _____ @ (Time) _____ Return Time _____

Number of Students _____ Number of Chaperones _____
(Annual Field Trip Permission Form or written permission is required for each student to travel)

Mode of Transportation Requested: Bus(s) _____ School Car(s) _____ Number Needed _____

Round Trip Mileage _____ (Not to exceed 100 miles round-trip during 2010-2011)

Names of Teachers/Staff: _____ Teacher Contact _____

Addresses and telephone numbers of places to be visited:

Pupil Cost _____ Cost Includes _____

Cost to be covered by donations, etc. Please explain _____

Will Receipts Be Issued? _____

Purpose of Field Trip (Include specific SOL objectives): _____

____ Approved _____ Principal Date _____

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____ Transportation available ____ Transportation not available ____ Initialed by Director of Transportation
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Signature of Superintendent _____ Date _____

____ Recommended ____ Not Recommended ____ Needs Clarification

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Date of School Board Approval _____

(School Board approval is required for all field trips.)

Revised 9-28-2010