Other stops scheduled for this trip: Departure Time: Return Time: Number of days absent from school: Grade Level(s): Accommodations for special needs students: No Yes # Wheelchairs: Grade Level(s): Nurse's Name: CHAPERONES Total Number of Chaperones: Names of Employee Chaperones: HAPERONES Total Number of Chaperones: Names of Employee Chaperones:	School: Group Name: Trip Destination:		Departure Date: Return Date: Number of Students:
Purpose of Trip:	scheduled for this 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:	· · · · · · · · · · · · · · · · · · ·	Return Time:	Number of days absent from school:
Total Number of Chaperones:	Grade Level(s):		eeds students: No Yes # Wheelchairs:
Each student must have written parental permission (including medical insurance information) and permission to obtair 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 Release Day" form for all employees who will be chaperoning. TRANSPORTATION Transportation Provided by: Ocunty Other (Explain) Transportation must be provided by chable locunty 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 provide 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 sch 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, i 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.		CHAPERO	DNES
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Dire	Surcharge added due to trip not meeting criteria:			
Ex.	Yes	No		
ġ	Approved: Yes	No	Signature:	
Sup.	Surcharge added due to	trip not meeting c	riteria:	
ep.	Yes	No		

