

Radford City Public Schools

FIELD TRIP REQUEST FORM

Submit all documents together including Teacher's Travel Request Forms to the Director of Transportation. All documents must be submitted no later than the Wednesday before Board meetings for Board approval. Board approval is required for all field trips. Incomplete forms will not be approved and will be returned.
*Teacher Travel Request Forms must be submitted if a substitute is required or if there are any related teacher travel costs for the trip.

School _____ Grade/Group/Department _____ Date _____

Destination and address _____

Date(s) of Trip _____

Depart From _____ @ (Time) _____ Return Time _____

Number of Students traveling _____ Number of Chaperones _____ Total number traveling _____
(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 _____

Number of miles to be traveled round trip= _____ (Not to exceed 100 miles round trip)
\$4 x number of miles traveling = _____ Calculate Driver cost @\$19/hour = _____
Total Transportation cost _____

Names of Teachers/Staff who will be traveling: * Contact Teacher: _____

*Additional Teachers: _____

*(*Travel form must be submitted if any cost is associated with the teacher or staff travel such as substitute.)*

Pupil Cost _____ (include admission, registrations, etc.)

Bag lunches should be ordered from the cafeteria if the trip includes lunch. Students on Free/Reduced Lunch will receive free bag lunches. If bag lunches will not be ordered, explain _____

Explain any costs that will be covered by donations, etc.: _____

Will Receipts Be Issued? ___ Yes ___ No If no, explain _____

Purpose of Field Trip (Write out the specific SOL objective for the trip): _____

List activities that will be utilized to follow-up after the trip: _____

____ Approved _____ Signature of Principal Date _____

____ Transportation available ___ Transportation not available ___ Director of Transportation Date _____

Signature of Superintendent _____ Date _____

____ Recommended ___ Not Recommended ___ Needs Clarification

Date of School Board Approval _____