

RALEIGH COUNTY BOARD OF EDUCATION
REQUEST FOR PERMISSION FOR CURRICULAR TRIP

Teacher _____ Date of Request _____
School _____ Date(s) of trip _____
Departure time and place _____ Return time and place _____
Destination and purpose of trip _____
Dates of school days missed _____ Cost _____
Total Number of Students _____ Total Number of Adults _____ Total Staff Members _____

Brief Description :

State the educational/cultural objectives of the trip:

State the pre-activities to be developed and used in preparation of the trip:

State the specific post-activities to be developed and used in following the trip:

Trip requires fund raising: ____ Yes ____ No

Describe the fund raiser:

Principal's Signature _____

____ Approved ____ Denied

POLICY B.5.3

RALEIGH COUNTY SCHOOLS

Request for Early Dismissal

I, _____, Principal of _____
Principal Name School

School, request approval for early dismissal of _____
Team or Group

on _____. The justification for our request is _____
Date of trip

Principal Signature

Date of Request

Office Use Only

Date request received _____

_____ Approved

_____ Not approved

Signature of Superintendent/designee _____

Raleigh County Board of Education

TRIP REQUEST

SCHOOL: _____ PURPOSE OF TRIP: _____

Date Requested: _____ Date of Trip: _____

Destination: From _____ to _____

Days: S - M - Tu - W - T - F - S Number of Days Out of School _____
(CIRCLE DAYS OF EVENT) Time: Leaving School _____ Return _____

Trip Supervisor: _____ Total Number of Adults: _____

Persons approved to ride bus:

Luggage or Equipment _____

Transportation: _____ School Bus _____ Tour Bus _____ Other (LIST)
(Send a trip form for each bus needed)

Student: Number of Students _____ Grade level (if applicable) _____

Event: _____ CURRICULAR _____ EXTRA-CURRICULAR
_____ In-County _____ In-State _____ Out-of-State

APPROVAL: (Signatures as Appropriate)	APPROVED	DENIED	DATE
Teacher/Coach _____	_____	_____	_____
Principal: _____	_____	_____	_____
Assistant Superintendent: _____	_____	_____	_____
Superintendent: _____	_____	_____	_____

Board of Education Approval: (When appropriate)

TRANSPORTATION DEPARTMENT:

Date Received: _____
Date Assigned: _____ Bus Operator: _____
Date Reassigned: _____ Bus Operator: _____
Date Reassigned: _____ Bus Operator: _____

DRIVERS REPORT

BUS # _____

PART II - TO BE COMPLETED BY DRIVER

Driver should arrive at departure point 10 minutes early

Number Students _____ Number Others _____

Miles Traveled _____ Fuel Used _____

Hours Worked _____ Other Expenses (Attach Receipts) _____

Staff Members Signature _____ / _____ Date

Pre-Trip Inspection Performed _____

Driver's Signature _____ / _____ Date Soc. Sec. # _____

Transportation Director _____ / _____ Date

Schools will be invoiced by the Business Office

White - Transportation Canary - School Pink - Driver

RALEIGH COUNTY BOARD OF EDUCATION

PARENTS/LEGAL GUARDIAN CONSENT AND AUTHORIZATION FOR TRAVEL

I, _____, the parent/legal guardian of
(Print Name)

_____, do hereby grant my consent and authorization for my child to travel with the following travel group sponsored by the Raleigh County Board of Education.

School: _____ Date: _____

Destination: _____

Teacher/Chaperone: _____

Other Information:

Date

Parent/Legal Guardian Signature

Parent's Statement of Responsibility

By granting permission for my child to attend the travel outing referenced above, I do hereby agree that the teacher/chaperone in charge of the outing shall have the authority to regulate the behavior of my child. I understand that the teacher/sponsor has the right to prematurely terminate my child's participation in the trip, if my student's behavior warrants such action. In such an instance, the cost of my student's premature transportation home is my responsibility. Students are expected to abide by the requirements of the Raleigh County Discipline Policy and the Safe Schools Plan.

Date

Parent/Legal Guardian

RALEIGH COUNTY BOARD OF EDUCATION
EMERGENCY MEDICAL TREATMENT
STUDENTS

Applicant's Name _____
Last First

Address _____

Telephone Numbers: () _____ () _____ () _____
Home Parent's Work Parent's Work

Allergic to any Medication? ___ If yes, please explain:

Has applicant had tetanus shots? _____ When: _____

Family Physician: _____ Tel. () _____

Instructions for emergency medical treatment:

Are there existing medical problems that the sponsor should be aware of?
____ Yes _____ No. If yes, describe:

Insurance Company: _____ I.D Number _____

Parent or Guardian: I hereby grant permission for the above to participate in extra or co-curricular activities. In the event of accident or medical illness, permission is granted for any such medical and/or surgical treatment as may be necessary. Every effort will be made to notify me before any major treatment is undertaken.

Signature of Parent or Guardian

RALEIGH COUNTY BOARD OF EDUCATION
EMERGENCY MEDICAL TREATMENT
CHAPERONE / VOLUNTEER

Applicant's Name: _____
Last First

Address: _____

Telephone Numbers: () _____ () _____ () _____

Allergic to any Medication: _____ If yes, please explain: _____

Has applicant had tetanus shots? _____ When? _____

Family Physician: _____ Phone: () _____

Instructions for emergency medical treatment: _____

Are there existing medical problems that the sponsor should be aware of?
____ Yes _____ No. If yes, describe: _____

Insurance Company: _____ I. D. Number _____

Date

Signature of Chaperone / Volunteer

PRIVATE VEHICLE: TRANSPORTATION

DATE: _____

SCHOOL: _____

EVENT: _____

DESTINATION: _____

Number of Private Automobiles being used: _____

The following is to certify that the private automobiles being used are insured and that all passengers are covered by the owner's liability insurance.

Vehicle Owner: _____
Signature _____ Print _____

Age of Driver: _____
Date: _____
Number of passengers _____
Type automobile: _____
Insurance Company: _____
Policy Number: _____

Vehicle Owner: _____
Signature _____ Print _____

Age of Driver: _____
Date: _____
Number of passengers _____
Insurance Company _____
Policy Number _____

Vehicle Owner: _____
Signature _____ Print _____

Age of Driver: _____
Date: _____
Number of passengers _____
Insurance Company: _____
Policy Number: _____

Principal: _____ Approved _____ Denied _____