

# Waverly Community Schools

## Field Trip Request Form (Day Trip)

Name of School: \_\_\_\_\_ Date of request: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Destination: \_\_\_\_\_

Teacher/Sponsor: \_\_\_\_\_ Time/Periods: \_\_\_\_\_

Course/Activity: \_\_\_\_\_ Paid by other: Yes / No Form included: Yes / No

# of Busses (55 per bus): \_\_\_\_\_ # of Students: \_\_\_\_\_

Request for Van: Yes / No # of riders (10 max w/ driver): \_\_\_\_\_

Is a special lift bus required: Yes / No Dean Google Form Filled out for a lift bus: Yes / NO

Time of Departure: \_\_\_\_\_ Pick up location: \_\_\_\_\_

Time of return to School: \_\_\_\_\_ Drop off location: \_\_\_\_\_

Reason for Field Trip: \_\_\_\_\_

Special Information: \_\_\_\_\_

Number of Chaperones: \_\_\_\_\_

Chaperones (List names): \_\_\_\_\_  
(General chaperone calculation: 1 per 30 students +/- depending on the field trip needs.)

Lunches required from the cafeteria: Yes / No

### **For Office Use**

Transportation Approval: Yes / No Approved by: \_\_\_\_\_

Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_\_

### **After Field Trip is Approved**

Field Trip Notification Sent to Parents/Guardians: Yes / No

Secretaries notified of any students with medical/medication needs. Yes / No

School Nurses notified of any students with medical/medication needs. Yes / No

Absences put into RedRover: Yes / No

Student names sent to the Attendance office: Yes / No