

**WALTON COUNTY SCHOOL SYSTEM
ACTIVITY TRIP REQUEST**

TRIP ID # _____

DATE OF APPLICATION _____
TEACHER/SPONSOR: _____ SCHOOL: _____
GRADE/GROUP: _____ DATE(S) OF TRIP: _____
PLACE TO VISIT: _____ LOCATION: _____
ARE YOU REQUESTING SCHOOL BUSES? YES _____ NO _____
IF NO ARE YOU USING A CHARTERED BUS(ES)? YES _____ NO _____
NAME OF CHARTER BUS COMPANY _____
CONTACT PERSON AND PHONE NUMBER FOR CHARTER BUS CO. _____

TIME OF DEPARTURE: _____ TIME OF RETURN: _____
NUMBER OF STUDENTS: _____ NUMBER OF ADULTS: _____
SCHOOL CHAPERONE(S): _____
COST PER STUDENT: ADMISSION: _____ TRANSPORTATION: _____ MEAL: _____
LODGING: _____ OTHER: _____
TOTAL _____
PURPOSE OF TRIP: _____

TYPE OF TRIP: _____ INTERDISCIPLINARY _____ COMPETITION _____ OTHER (explain) _____

ACTIVITY TRIPS MUST BE INTERDISCIPLINARY FOR STUDENTS TO BE COUNTED PRESENT IN OTHER CLASSES MISSED. PLEASE ATTACH AN OUTLINED PLAN FOR ANY PROPOSED INTERDISCIPLINARY ACTIVITY TRIP.

SPECIAL EQUIPMENT TO BE TRANSPORTED (i.e., band instruments, sports equipment, props, boxes, ice chests, etc.)

SOURCE OF FUNDING;(check one)
_____ SCHOOL _____ SYSTEM _____ YOUTH LEADERSHIP
_____ SPECIAL ED _____ SIA _____ PRE-K
_____ BOOSTSER CLUB(Please name:) _____ OTHER

Procedures for payment of activity trip expenses, including driver payment, are stated in the Activity Trips Procedures, under Driver's Responsibilities. **All overnight and out-of-state- trips require Superintendent's signature.**

REQUESTED BY: _____ APPROVED: _____
TEACHER/SPONSER DIRECTOR OF TRANSPORTATION

APPROVED: _____ APPROVED: _____
PRINCIPAL SUPERINTENDENT