

Pymatuning Valley Local School District

REQUEST FOR FIELD TRIP

The Pymatuning Valley Local Board of Education recognizes that there is a vast quantity and variety of learning resources outside of school walls and is aware of the potential our community has for improving the quality and depth of educational experiences. Whatever students can experience firsthand is often more meaningful to them than things that are only talked or read about.

Date Requested: _____

Date of Trip: _____

CLASS/GROUP: _____

OF STUDENTS ATTENDING: _____

PLACE(S) VISITING:

Complete Address

PURPOSE OF TRIP:

*Objectives and
relationship to
course of study*

DEPARTURE TIME: _____ AM / PM COST TO STUDENTS: \$ _____

ESTIMATED RETURN: _____ AM / PM IF SO, EXPLAIN: _____

WILL STUDENTS BE OUT OF BUILDINGS DURING LUNCH? YES / NO IF YES, PLEASE EXPLAIN EATING ARRANGEMENTS:

TEACHER(S) ATTENDING: _____

SUBSTITUTES REQUIRED? YES / NO IF YES, EXPLAIN COVERAGE: _____

All field trips sponsored by the school should be educational in nature and be related to the subject matter and the objective of the instruction at the particular grade level. Field trips are lessons and should be planned as such, with definite objectives determined in advance. Appropriate instructions should precede and follow each field trip.

As much as possible, community resource persons and organizations should be involved in the planning and conducting of field trips, so that students may achieve the greatest educational benefit from the trip.

IF BUS OR VAN TRANSPORTATION IS NEEDED, A TRAVEL CERTIFICATE REQUEST MUST BE COMPLETED.

Signature of Requesting Teacher

Principal

Date

Superintendent

Date

 Pymatuning Valley Local School District

SCHOOL BUS TRAVEL CERTIFICATE REQUEST

Requests for buses should be filed with the Superintendent at least seven (7) school days prior to scheduled trip. A copy will be returned to applicant acknowledging approval or denial of the request.

Date Requested: _____ Date of Trip: _____

Ohio Law limits a maximum of nine (9) students per van. Violations result in arrest of the driver.

OF BUSES: _____ # OF VANS: _____

CLASS/GROUP: _____ # OF STUDENTS: _____

DESTINATION: _____
Complete Address

DEPARTURE TIME: _____ AM / PM ESTIMATED RETURN: _____ AM / PM

STOPS OTHER THAN DESTINATION? YES / NO IF YES, PLEASE EXPLAIN: _____

Applicant Signature

Principal Date

REQUEST	<input type="checkbox"/>	APPROVED
	<input type="checkbox"/>	DENIED

Superintendent Date

FOR TRANSPORTATION USE ONLY:

BEGINNING MILEAGE _____ ENDING MILEAGE _____

DRIVER: _____ BUS # _____

DRIVING TIME: _____ HRS. WAITING TIME: _____ HRS.

PROBLEMS/CONCERNS: _____