

OXFORD CITY SCHOOLS

Oxford, Alabama

20__ - 20__ REQUEST FOR:

- Co-curricular - Administrator assigned:** _____
- Field Trip – Administrator assigned:** _____
- Athletic Trip** **Out of State**

This form along with an attached copy of the lesson plan which aligns the trip destination and experiences with the Alabama Course of Study must be submitted to the Central Office by the 20th day of the semester in which the field trip is requested.

NAME OF SCHOOL _____

NAME OF GROUP MAKING TRIP _____

Summation of Course of Study requirements for trip: _____

Lesson Plan Must Be Included For Field Trips Before Submitting To Principal.

Sponsor's Signature

Date Requested

Principal's Signature

BOE Approval

Lesson Plan Attached and Approved

NURSE REQUESTED FOR THIS TRIP: __ YES __ NO _____

Nurse Signature

DESTINATION _____

DATE OF DEPARTURE _____

TIME OF DEPARTURE _____

DATE OF RETURN _____

TIME OF RETURN _____

LOADING TIME _____

LOADING LOCATION _____

NUMBER BEING TRANSPORTED _____

NUMBER OF BUSES _____

Transportation Supervisor's Signature

Superintendent's Signature

NOTE: Transportation Supervisor will assign bus driver(s). Date Assigned _____

Bus Driver: _____ **Bus #** _____ **Phone#** _____

Bus Driver: _____ **Bus#** _____ **Phone#** _____

Bus Driver: _____ **Bus#** _____ **Phone#** _____

Added to BOE Spreadsheet