

**Out-of-State Field Trip Request**  
**Mingo County Board of Education**

Six Steps for Approval are: **1)** Get Principal's Approval, **2)** Complete Form,  
**3)** Forward to Superintendent's Office to add to agenda, **4)** Appear at BOE meeting to present,  
**5)** Fill Out Trip Direct, **6)** Forward to Transportation Department

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Today's Date: \_\_\_\_\_ Date Approved for Fundraising \_\_\_\_\_  
Trip Direct Number \_\_\_\_\_ Date Approved to Travel \_\_\_\_\_

**ABOUT THE TRIP**

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Date(s) of the Trip: \_\_\_\_\_ Cost per Student: \_\_\_\_\_

School Traveling: \_\_\_\_\_ Number of Students: \_\_\_\_\_ Grade(s) \_\_\_\_\_

Where will you be traveling? \_\_\_\_\_

Address and Phone number of Venue \_\_\_\_\_

**MEDICAL REQUIREMENTS?**

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Is a Nurse Required for Students with Medical Needs? \_\_\_\_\_

If so, have you contacted Lead Nurse, Tonya Hagy? tmhagy@k12.wv.us \_\_\_\_\_

**WHO IS BOOKING THE TRIP?**

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Contact Person while on Trip: \_\_\_\_\_ email: \_\_\_\_\_@k12.wv.us

Phone Number: \_\_\_\_\_ Cell Number (during trip): \_\_\_\_\_

Educational Objective \_\_\_\_\_

1. How will the school ensure that any student not financially able to pay for trip will be able to attend?

**TRANSPORTATION**

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Type of Transportation to be used \_\_\_\_\_ Is Sub-Driver Required? \_\_\_\_\_

Bus Operator Taking the Trip \_\_\_\_\_ Is this an overnight trip? \_\_\_\_\_

Departure Date & Time: \_\_\_\_\_

Return Date & Time: \_\_\_\_\_

Place of Lodging, address, phone for Overnight Trip: \_\_\_\_\_  
\_\_\_\_\_

- 1. Has Student Roster been submitted to Transportation? \_\_\_\_\_
- 2. How will the school pay for fuel and bus operator for the trip? \_\_\_\_\_
- 3. What is the Itinerary for the trip? Include a list if necessary:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEAL ARRANGEMENTS**

Have School Cooks, and Child Nutrition Department been notified of trip date? \_\_\_\_\_  
Have they been given the number of students for this trip? \_\_\_\_\_  
4. Will students be provided meals on trip (other than school bagged lunch)? \_\_\_\_\_  
Breakfast and/or lunch? \_\_\_\_\_ From where? \_\_\_\_\_  
Name & Address of eatery \_\_\_\_\_  
\_\_\_\_\_

**SAFETY MEASURE & Permission**

Will each student be equipped with the name and number of the contact person  
(listed above) that could be used if the child gets displaced from the group? \_\_\_\_\_

**CHAPERONES / VOLUNTEERS**

How many Substitutes Required? \_\_\_\_\_  
List who will need a substitute: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List BOE Employees taking the Trip:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 5. List other Chaperones and their titles. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED BY PRINCIPAL \_\_\_\_\_ Date\_\_\_\_\_

APPROVED BY BOE \_\_\_\_\_ Date\_\_\_\_\_

