

**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](mailto:tmhagy@k12.wv.us) \_\_\_\_\_

**WHO IS BOOKING THE TRIP?**

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Contact Person while on Trip \_\_\_\_\_ email \_\_\_\_\_  
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 \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_