

Warren County Schools

Overnight Field Trip and Activity Bus Request

This form should be typed

Note: This form must be submitted to the Superintendent on the Monday prior to the Board meeting for approval.

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|--|--|
| School: <u>360</u> Grade: <u>11-1</u> Date(s) of Trip: <u>1/27-1/28</u> | Department/Club: <u>Beta Club</u> |
| 340: Northside K-8 348: Vaughan Elementary 354: WCMS 360: WECHS | 330: Mariam Boyd Elementary 352: WCHS 700: WNTHS |
| Destination: <u>NC State Beta Conference</u> | |
| City: <u>Greensboro</u> State: <u>NC</u> | |

Departure Date: 01/27/2023 Time: 8:30 a.m. Return Date: 1/28/2023 Time: 2:30 p.m.

Describe fully the site(s) to be visited and the activities to be engaged in by participants: Students will attend the leadership events and other activities at the conference with state Beta Club leaders and other Beta members from across the state

Relate the trip's activities to the specific portion of the curriculum under study. Students will participate in activities which will strengthen their higher level thinking and problem solving skills.

Expenses to be incurred per student:

Registration: \$35 Hotel/Motel: \$72.00 Transportation: \$10.50 Food: \$25 Other: \$

Student Cost: \$152.50 Chaperone Cost: \$0 Medical Treatment Consent Form: Yes No

Account Pay Code: 6550.019.171.360.000

Bus Driver(s): Cornetta Durham

I have approved this activity and this request is submitted with full knowledge and understanding of the Warren County Board of Education policies governing use of activity buses.

Sponsor's Signature: Lisa E. Bender Date: 1/10/2023

As principal I have collected and placed on file a signed copy of the Field Trip and Medical Treatment Consent Form for each student participation in this trip and confirm that each student attends the Warren County School system. Furthermore, all adults serving as chaperones are Warren County School employees, parents of students on the field trip, and/or school volunteers.

Principal's/Director's Signature: Sherry Stewart Date: 1/10/2023

Board of Education Approval: _____ Date: _____

| # of Buses Requested | Student Passengers | Child Seatbelts/ Restraints | Teacher(s) Passengers | Chaperone(s) Passengers | Total Number Passengers |
|----------------------|--------------------|-----------------------------|-----------------------|-------------------------|-------------------------|
| 1 | 13 | | 1 | 0 | 14 |

Mode of Travel: Commercial Coach Other (please specify) _____

Bus Garage Use Only:

Date Received: _____ Vehicle(s) Approved: _____ Bus(es): _____

Signature: _____ Date Approved: _____

Original: Submit To Supt's Office

____ Transportation
____ School (Once Approved)

IS-112

Revised 02/25/10, 07/12/19