

PENN-DELCO SCHOOL DISTRICT FIELD TRIP REQUEST FORM



This form must be approved by the building principal at least 30 days prior to trip date.

The organizing faculty member must complete this form, attach a list of students potentially attending trip, and submit form to the School Nurse. The nurse will determine if a nurse or specific parent/guardian is needed on the trip. If needed, parent/guardian will be contacted to request attendance. If parent/guardian will attend, nurse notates below, approves form, and submits it to principal. If parent/guardian is unable to attend, the nurse enters the field trip date on the nurses district FT calendar as pending. If a nurse can be assigned to the field trip, the date is confirmed by the school nurse on the nurses district FT calendar, the nurse approves this form, and submits it to the principal for approval. Approved original forms are forwarded to the Assistant Superintendent for administrative approval. Original form is then sent to the Office of Transportation for final approval. Office of Transportation sends approved copy to building principal.

Note: Buses may not leave before 9:00am and must return by 2:00pm unless prior approval is given by the Supervisor of Transportation. Overnight trips require School Board approval at least one (1) month prior to trip date. Refer to Policy #121 for additional details and field trip requirements.

Date of Trip: 2/8/2024-2/12/20	024	Check this box	c if Overnight	Γrip: X
Destination Name and Address:_	Universal's Endless Summer	Resorts 7000 Universal B	lvd, Orlando, Florida	32819
Educational rationale: Nfinitys Amer				
Leaving from: Sun Valley High School (School)	at 12:30pm 2/8 Re	turning to: Sun Valle	y High School at ^{4:} ool)	(Time)
Trip will stop for lunch at:	(Place)		(Time)	
Faculty Member Name: Angela Bosl	•	of Students: 30	Grade(s):	9-12
Chaperone(s) Madison Liss				
# of Substitutes Required:	for:			
BUSES MAY NOT OPERATE WITH	OUT A FACULTY MEMBE	R AND SUFFICIENT	CHAPERONES AE	BOARD.
TRANSPORTATION REQUESTED: _x (Chartere	SCHOOL BUS X d bus must be paid by		CHARTERED E	BUS
A Nurse or Parent/Guardian is r Parent/Guardian will attend: Ye			Yes end: Yes	
Nurse Signature:				
Myd Boshy		8/14/2023		
(Organizing Faculty Mem	ber Signature)		(Date)	
Approved by:			(Date)	2
Princ	cipal)		(Date)	
(Assistant Superintendent) (Date (Revised: 9/2021)	e) (Tra	nsportation Superviso	r) (Date)	
Exceptions or changes to the above Transportation:Available Permit No Drivers	Not Available	# of Buse	es Assigned	