**WILKINSON COUNTY SCHOOL DISTRICT**

**REQUEST TO USE SCHOOL BUS FOR ACTIVITY TRIP**

**Purpose of Trip**

**Name of Organization Requesting Trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Driver**

**Bus Number**

**Date of Departure Time of Departure**

**Date of Return Time of Return**

**Destination**

**City and State**

**Route to be Followed**

**Number of Students to be Transported**

**Complete Name of Supervising Faculty Member(s)**

**Requested by:**

**(Signature of Principal or Director)**

**School**

**Date**

**Approved: Denied:**

**Superintendent of Education Superintendent of Education**

NOTE: This request shall be filed with the County Superintendent of Education's Office at least *three working days prior* to the date of the event.

**Wilkinson County School District**

**Field Trip Report Form**

**DATE BUS PERMIT NUMBER**

**DATE OF TRIP**

**TRIP DESTINATION**

**SPONSORS**

**NUMBER OF STUDENTS PARTICIPATING**

**AMOUNT PER STUDENT $ TOTAL $**

**BUS USED TOTAL BUS MILEAGE**

**DISBURSEMENTS (Original Receipt Must Be Attached)**

**BUS MILEAGE @ $2.25 Per Mile $**

**BUS DRIVER @ $17.00 $ FRINGE BENEFITS $**

**ACTIVITY ENTRANCE FEE @ $ PER STUDENT $**

**FOOD $ LODGING $ OTHER $**

**AMOUNT COLLECTED $ DISBURSEMENTS $ BALANCE $**

**I/WE CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND CORRECT.**

**CHAPERONE SPONSOR**

**CHAPERONE SPONSOR/SUPERVISOR**

**CHAPERONE SPONSOR/SUPERVISOR**

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**SCHOOL**

**I CERTIFY THAT $ WAS RECEIVED AND RECEIPTED INTO SCHOOLS ACTIVITY FUND.**

**SECRETARY PRINCIPAL/DIRECTOR**