## NORTH PANOLA SCHOOL DISTRICT

A TO SERVICE AND A SERVICE AND

 $\textit{``Leadership \bullet Collaboration \bullet Innovation''}$ 

Chad Spence, Superintendent

PERMIT#:				
		ivity Request For		
	ust be forwarded to th	e Superintendent for Appi	roval	
Name of Teacher/Coach/Director	Date	School	Grade	Subject
Place to be visited		Location		
Purpose	of the trip and how it	relates to the instructiona	al program	
Date of Trip				
Funding Source				
Departure Time				
Return Time				
Number of Students				
Number of Chaperones				
Method of Transportation				
Number of Buses Requested				
Driver(s) Assigned / Bus Number, if applicable				
	n the Transportation	n Director is required fo	r use district bu	ses. **
Teacher/Coach/Director Signature		_ Date:	<del>-</del>	
Principal/Administrator Signature		_ Date:		
Superintendent/Designee Signatur	re:		Date:	
Request Denied - Reason:				

470 Highway 51 N, Sardis, MS 38666 P: 662-487-2305 F: 662-487-2050 www.northpanolaschools.org