



## Field Trip Request Form

This form is to be completed by the teacher or field trip sponsor and submitted to the school principal for approval and submission to the Superintendent. The Superintendent must receive in-county and in-state field trip request forms at least seven (7) days prior to the expected date of travel with request forms for all out-of-state and overnight field trips received by the Superintendent at least thirty (30) days prior to the expected date of travel.

NOTE: Submit one completed form for each field trip.

Form Submission Date: \_\_\_\_\_

| School | Teacher(s) | Date(s) of Trip |
|--------|------------|-----------------|
|        |            |                 |

|  |
|--|
| <b>Destination(s)</b>  |
|  |
| <b>Instructional Purpose</b> (Relationship of Field Trip to Unit of Study) |
|  |

|   |  |  |   |
|---|--|--|---|
| <b>Number of Student Participants</b>     | <b>Number of Adult Participants</b>  | <b>Proposed Means of Transportation</b>  | <b>Approximate Duration of Trip</b>           |
|   | _____ Chaperones   | <input type="checkbox"/> Common Carrier *  | _____ Time of Departure                       |
|   | _____ Teachers   | <input type="checkbox"/> School System Bus   | _____ Time of Return                          |
| <b>Grade Level(s) of Students</b>         | _____ TOTAL  | <input type="checkbox"/> Private Vehicle   | _____ TOTAL Time                              |
|   | Central office funds are being requested.  | Costs for this trip will be covered by the school.   | Students will be covered by proper insurance. |
| <b>Approximate Cost per Student</b>       | <input type="checkbox"/> YES   | <input type="checkbox"/> YES   | <input type="checkbox"/> YES                  |
|   | <input type="checkbox"/> NO  | <input type="checkbox"/> NO  | <input type="checkbox"/> NO                   |
|   | Amount: _____  | Any funds to be paid from the Central Office in support of the above trip must be approved in advance by the Superintendent or Designee. |   |
| <b>Number of Bagged Lunches Needed **</b> | * If using Common Carrier, provide the name/address of transportation company below:   |  |   |
|   | _____  |  |   |
|   | ** If bagged lunches are requested, the lunchroom manager signature is required below: |  |   |
|   | _____  |  |   |

|                            |                             |
|----------------------------|-----------------------------|
| <b>Principal Signature</b> | <b>Teacher(s) Signature</b> |
|                            |                             |

*DIRECTIONS: The principal transmits a copy of this form to the Superintendent or designee. Upon submission of this form, the principal or designee should contact the Director of Transportation's office to schedule the trip and to secure a school bus permit number provided School System buses are to be used.*



**TO BE COMPLETED BY CENTRAL OFFICE, THE SUPERINTENDENT, OR DESIGNEE**

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***IN-STATE AND/OR NON-OVERNIGHT FIELD TRIP REQUEST***

|   |  |   |   |
|---|--|---|---|
| In-state and non-overnight field trip require a seven (7) day advance notice and notification to the Superintendent. In the event the Superintendent or designee disapproves a field trip, he/she shall contact the principal promptly. |  |   |   |
| <b>Date Request Received</b>  | <b>Type of Trip</b>  | <b>CO Approval Status</b>   | <b>School Principal Notified</b>                            |
| ____ / ____ / 20____  | <input type="checkbox"/> OUT-OF-COUNTY<br><input type="checkbox"/> IN-COUNTY | <input type="checkbox"/> APPROVED<br><input type="checkbox"/> DISAPPROVED | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |

***OUT-OF-STATE OR OVERNIGHT FIELD TRIP REQUESTS***

|  |   |   |   |
|--|---|---|---|
| Out-of-state and overnight field trips require a thirty (30) day advance notice and Board approval. The Superintendent or designee will notify the school principal of the Board's decision. |   |   |   |
| <b>Date Request Received</b>   | <b>Type of Trip</b>   | <b>CO Approval Status</b>   | <b>School Principal Notified</b>                            |
| ____ / ____ / 20____   | <input type="checkbox"/> OUT-OF-STATE<br><input type="checkbox"/> OVERNIGHT | <input type="checkbox"/> APPROVED<br><input type="checkbox"/> DISAPPROVED | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |

**Submitted to Board for Approval**

☐ YES  
☐ NO

**Date Submitted to the Board**

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

**Board Approval Status**

☐ APPROVED  
☐ DISAPPROVED

**School Principal Notified**

☐ YES  
☐ NO

\_\_\_\_\_  
Superintendent (or Designee)'s Signature