

**HYDE COUNTY SCHOOLS
REQUEST FOR APPROVAL OF STUDENT(S)
FIELD TRIP**

School: _____

Sponsor's Name: _____

Field Trip Destination: _____

Distance From School: _____

Mode of Transportation: _____

(Charter Bus Service must be approved in advance by Transportation Director)

Departure Date/Time: _____ **Return Date/Time:** _____

Number of Students: Female: _____ Male: _____ Total: _____

Chaperones:

Staff:

Parents:

1. _____	6. _____	1. _____	6. _____
2. _____	7. _____	2. _____	7. _____
3. _____	8. _____	3. _____	8. _____
4. _____	9. _____	4. _____	9. _____
5. _____	10. _____	5. _____	10. _____

Educational Purpose of Field Trip: _____

Number of Instructional Days/Hours Missed: Days: _____ **Hours:** _____

Source of Funds: _____

In the event the trip were to be cancelled, what is the last day to obtain a refund for monies incurred? _____

Safety and Security:

Safe and secure environments are critical to creating a learning environment where students can succeed. Staff and students share in the responsibility to take reasonable precautions and safety measures to create and maintain a safe environment for all educational trips. **THE SUPERINTENDENT RESERVES THE RIGHT TO CANCEL APPROVAL OF ANY FIELD TRIP AS WARRANTED.**

Additional Chaperones:

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

Date of Principal/Sponsor Conference: _____

Date of School Nurse/Sponsor Conference: _____

Nurse's Signature: _____

Sponsor's Signature: _____

Principal's Signature: _____

I conferred with the sponsor in person and have informed the sponsor and teacher chaperones that they are on duty for the entire duration of the trip. I have also verified this field trip to be in compliance with the Hyde County Board of Education Policy regarding educational trips, and I recommend its approval. I have reviewed regulations with the trip sponsor and submitted this request for consideration to the Director of Instructional Programs and Assessments.

Director of Instructional Programs & Assessments' Signature: _____ **Date:** _____

Approved: _____ **Not Approved:** _____

If approved, forward to Superintendent. If not approved, return to principal.

Date Submitted to Superintendent's Office: _____

Approved: _____ **Date:** _____

(Superintendent)

Disapproved: _____ **Date:** _____

(Superintendent)

Bus Availability: _____ **Date:** _____

(Transportation Director)

Driver: _____

(Transportation Director)

Post Trip Comments:
