

Date Received in the District Office _____
Board Approval Date _____
Over Night Trip ___ Yes ___ No

FIELD TRIP REQUEST
GIBSON COUNTY SPECIAL SCHOOL DISTRICT

School _____ Date of Request _____

Teacher _____ Class _____

Number of Students Involved _____ Cost Per Student _____

Date of Trip _____ Alternate Date _____

Number of Buses Needed _____ Is Handicap bus required? ___ YES ___ NO

Has the Transportation Supervisor been contacted? ___ YES ___ NO

Personal Vehicles being used? ___ YES ___ NO

Proof of vehicle liability insurance on file at School? ___ YES ___ NO

Has the Cafeteria been contracted? ___ YES ___ NO

Has School Nurse been notified of Field Trip? ___ YES ___ NO

Total Number of Chaperones: Administrators _____ Teachers _____ Teacher Assistant _____
Parents _____ Others _____

Destination: _____

Time of Departure: _____ Time of Return: _____

Purpose of the Trip: _____

Field Trip Activities: _____

ATTACH LESSON PLAN FOR FOLLOW-UP.

(This must be included for field trip to be approved.)

Approved ___ Disapproved ___ Principal _____ Date _____

Approved ___ Disapproved ___ Supervisor _____ Date _____

Approved ___ Disapproved ___ Director of Schools _____ Date _____

***** ALL OVERNIGHT FIELD TRIPS WITH AN ATTACHED AGENDA MUST BE BOARD APPROVED.**
FIELD TRIP REQUESTS MUST BE IN THE DISTRICT OFFICE BY THE 1ST
DAY OF THE MONTH IN ORDER TO BE PLACED ON THE CONSENT AGENDA.
REGULAR BOARD MEETINGS ARE HELD THE SECOND THURSDAY OF EACH MONTH.

Eddie Pruett