**FIELD TRIP REQUEST FORM**

***\*\*\*\*Each Field Trip Request Form must be completed and submitted (with supporting documentation attached) to the Director of Curriculum 15 days prior to the date of the trip. Any form that is not completed will be returned to the teacher. Sole responsibility and liability will be that of the teacher in charge if field trips occur without Central Office approval****.*

**Teacher and Class Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Teacher Name:** |  | | **School & Class:** | | |  | |
| **Teacher Email:** |  | | **Cell Phone Number:** | | |  | |
| **Trip Date:** |  | | **Trip Destination:** | | |  | |
| **Is a substitute needed?** | \_\_ Yes \_\_ No | | **Is sub cost included in budget?** | | | \_\_ Yes \_\_ No | |
| **Is a nurse needed?** | \_\_ Yes \_\_ No | | **Is a nurse included in the budget?** | | | \_\_ Yes \_\_ No | |
| **Is Prof. Leave in SmartFind?** | \_\_ Yes \_\_ No | | **Is SmartFind print-out attached?** | | | \_\_ Yes \_\_ No | |
| **Number of Students:** |  | **Number of Staff:** | |  | **Number of Chaperones:** | |  |

\_\_\_\_\_\*I have attached a list of names of all students and staff who will be going on the trip.

\_\_\_\_\_\* I have attached a list of names of approved chaperones who will be going on the trip.

**(CIB must be on file at BOE. All chaperones who will be supervising students must have been approved by BOE this school year.)**

**Transportation Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Departure Time:** |  | **Return Time:** |  | **Number of Buses:** |  |
| **Type of Trip:** | | \_\_\_\_\_ Day Trip \_\_\_\_\_ In-State Trip \_\_\_\_\_\*Out-of-State Trip \_\_\_\_\_\*Overnight Trip | | | |
| **How will bus cost be paid?** | |  | | | |
| **Alternative Transportation:** | | \_\_\_\_ Walk \_\_\_\_ \*Private Vehicle \_\_\_\_ County Vehicle \_\_\_\_ Charter Bus \_\_\_\_ \*Rental Van | | | |

\*Out-of-State trips and Overnight trips require board approval. Requests must be submitted 15 days in advance of meeting.

\_\_\_\_\_\*I have attached copies of driver’s license and proof of insurance for all those driving private vehicles.

\_\_\_\_\_\*I have attached a copy of a valid 1-million-dollar insurance policy for a rental van.

\_\_\_\_\_\*I have attached a detailed itinerary.

\_\_\_\_\_\*I have provided the school nurse with a list of the students going on the trip.

**Lunch Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **I have informed the cooks I need the number of bagged lunches listed:** | \_\_\_\_\_Yes  \_\_\_\_\_ # Needed | **I have informed the cooks I *DO NOT* need bagged lunches for this trip.** | \_\_\_\_\_ Yes |

**Curriculum Information**

|  |  |
| --- | --- |
| **Purpose of Trip:** |  |
| **Primary Education Objectives:** |  |
| **Pre-Teaching Activities:** |  |
| **Post-Teaching Activities:** |  |

**Budget Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost Per Student:** |  | **Funding Source:** |  |
| **Cost Per Adult:** |  | **Funding Source:** |  |
| **Cost of Substitute:** (Estimated) |  | **Funding Source:** |  |
| **Cost of Bus / Transportation:** (Estimated) |  | **Funding Source:** |  |
| **No student will be denied participation due to economic hardship. Those costs will be covered by:** | | |  |

\*Sub cost may be estimated as follows: ½ Day = $75.00 Full Day = $150.00

\*Bus Cost can be estimated by consulting previous invoices for similar trips and/or contacting the transportation department for guidance.

**Field Tip Approval**

**Teacher:**

I have followed AG 2340A guidelines. Upon approval, I will obtain parental permission. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**Principal:**

Approved: \_\_\_\_ Denied: \_\_\_\_ Bus Request Made: \_\_\_ Professional Leave Approved: \_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**Curriculum Director:**

Approved: \_\_\_\_ Denied: \_\_\_\_ Professional Leave Approved: \_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_