FIELD TRIP REQUEST FORM

| Name of School: | |
|---|-------------------------------|
| Date of Field Trip: | |
| Days of School Missed: | |
| Location of Field Trip: | |
| Grade Level and Number of Students Attending: | |
| Number of Chaperones Attending: | |
| What form of transportation will be used?* Be Specific | |
| Have field trip rules been explained to the students and chaperones? Are there students being denied the right to attend due to finances? Does this trip comply with Title IX equity issues? | YES NO YES NO YES NO |
| Brief Description (Be specific regarding educational purpose): | |
| Please check the appropriate box: To be used for 1 (one) day trips using school bus or private a NEEDS PRINCIPAL APPROVAL ONLY. PLEASE SENOFFICE. To be used for overnight trips, trips of more than one instruct Extracurricular trips. TO BE APPROVED BY THE ASSISTANT SUPERINTE | tional day and Co-curricular/ |
| To be used for trips taken by common carrier. TO BE APPROVED BY THE BOARD OF EDUCATION. | |
| NOTE: FOR BOARD APPROVAL, THIS REQUEST SHOULD SUPERINTENDENT'S OFFICE BY NOON AT LEAST (11) WO NEXT BOARD MEETING. | RKING DAYS PRIOR TO THE |
| Sponsor Signature: | |
| Principal Signature: | Date Approved: |
| DISTRICT OFFICE USE ONLY | |
| Approved by: | Date: |
| | |

^{*} Drivers of private automobiles need to complete the Auto Insurance Affidavit Form.