

OVERNIGHT FIELD TRIP REQUEST

FOR CENTRAL OFFICE USE ONLY

Approved by SCBE
 Not Approved by SCBE
 Date School Notified _____
 Person Talked To _____

In County Out of County Out of State Walking
 School _____ Teacher Requesting _____
 Number of Field Trips Taken This Year (Excluding System-Mandated Trips): _____
 Grade _____ Date of Trip _____ Alternate Date _____ Round Trip Miles _____
 Destination _____
 Time Leaving School _____ Arrival Back Date/Time _____
 Transportation (please check one):
 School Bus Private Bus *Private Car Trolley Other (specify)
 *Proof of Valid License and Car Insurance Must Be Shown
 Number of Students _____ Ratio of Certified Personnel to Students _____
 Names of Certificated Personnel: _____

Names of Parents/Other Chaperones: _____

Brief Description of Field Trip and Correlation to Curriculum (include value of the activity to the group, relationship to class instruction—such as objectives to be covered, whether this is an initial or culminating activity and suitability in terms of age level.) A specific itinerary explaining trip logistics must be attached.

Certification of Pre-Trip Planning Approved Disapproved
 I certify that I will obtain written parental permission for each student who will take part in this overnight trip, In addition, I will hold a pre-trip orientation with students and parent to inform them of trip logistics, rules of conduct, and penalties for violation. This information will also be given to parents and students in writing prior to the trip.
 Comments _____
 Signature of Principal _____ Date _____
 Approved Disapproved
 Comments: _____

Signature of Teacher _____ Date _____ Signature of CO Coordinator _____ Date _____
 Approved Disapproved
 Notification of Cafeteria Manager _____ Comments _____

Signature of Cafeteria Manager/Date _____ Signature of Superintendent _____ Date _____