

Overnight Field Trip: Yes \_\_\_ No \_\_\_

Date Received in Central Office \_\_\_\_\_

# TIPTON COUNTY SCHOOLS FIELD TRIP REQUEST

\*All Over Night Field Trips must be Board approved. A Field Trip Agenda must be attached to the Field Trip Request. Over Night trips must be received in the Central Office one week prior to the monthly board meeting. No Field Trip Requests are to be submitted after the trip date.

<b>School:</b>		<b>Request Date:</b>	
<b>Teacher(s):</b>		<b>Class:</b>	
<b>Number of Students Involved:</b>		<b>Number of buses needed:</b>	
<b>Emergency Cell Phone Numbers:</b>		<b>Alternate Date:</b>	
<b>Number of Administrators</b>	<b>Number of Teachers:</b>	<b>Number of Parents/Guardians:</b>	<b>Total Number of Chaperones:</b>
<b>Destination:</b>			
<b>Field Trip Purpose:</b>			
<b>Departure Date &amp; Time:</b>		<b>Return Date &amp; Time:</b>	
<b>Activities:</b>			
<b>Method of Evaluation:</b>			
<b>Follow-Up Activities:</b>		<b>Principal's Checklist</b>	
		Purpose of Trip	
		Transportation Arrangements	
		Cost	
		Agenda	
		Parent Permission Form (Attached)	
		Date	
		Time of Departure & Return	
		Parent Meeting prior to overnight trip	
		Minutes kept from Parent Meeting	
		Travel Plans	
		Number of Chaperones: Overnight Minimum: 1-7; Other Minimum: 1-10	
		Destination	
		Rules of Conduct	
Penalties for violation of rules of conduct			
Other facts necessary for parents			
Permission Form signed by student & parents			

\* Attach an additional sheet if more space is needed.

\_\_\_ Approved \_\_\_ Disapproved **Principal** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_ Approved \_\_\_ Disapproved **Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_ Approved \_\_\_ Disapproved **Director of Instruction** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_ Approved \_\_\_ Disapproved **Director of Schools** \_\_\_\_\_ **Date** \_\_\_\_\_