

BENTON COUNTY SCHOOL DISTRICT
FIELD TRIP REQUEST FORM

SCHOOL SITE: ___Ashland Elementary ___Ashland Jr/Sr High ___Career Technical Ctr ___Hickory Flat Att. Ctr.

NAME OF TEACHER/SPONSOR REQUESTING TRIP: _____

CLASS OR GROUP REPRESENTED: _____

DESTINATION/LOCATION OF TRIP: _____

DAY & DATE OF DEPARTURE: _____ **TIME:** _____

DAY & DATE OF RETURN: _____ **TIME:** _____

NUMBER OF STUDENTS ATTENDING: _____

NAME(S) OF OTHER CHAPERONE(S): _____

If no other faculty member is attending, list the name of a reliable student who can serve as Safety Officer:

_____ **OR** _____

DESCRIBE THE PURPOSE/INSTRUCTIONAL BENEFIT STUDENTS WILL RECEIVE FROM THIS TRIP:

Will parent/guardian permission be obtained for each student going on the trip? YES or NO

___ I need a driver for this trip ___ I have a driver for this trip **Name of Driver** _____

If meals are needed, how will cost be paid? ___Student ___Other (list fund code if applicable)
_____ - _____ - _____ - _____ - _____

Expenses for this trip will be paid through Fund Code: _____ - _____ - _____ - _____ - _____

Signature of Requesting Staff Member: _____ **Date:** _____

Signature of Building Administrator: _____ **Date:** _____

BUSINESS MANAGER

Verified Funds Available YES NO Signature: _____ **Date:** _____

SUPERINTENDENT

Signature: _____ **Date:** _____