



FIELD TRIP REQUEST FORM

Local	<input type="checkbox"/>
Out-Of-City	<input type="checkbox"/>
Out-Of-State	<input type="checkbox"/>
Overnight	<input type="checkbox"/>

Name of School: _____ Date _____

Principal Authorization: _____
Signature _____ Print Name _____

Class/Group: _____ Number of Participating Students: _____

Teacher/Sponsor Authorization: _____
Signature _____ Print Name _____

Number of Chaperones: _____ (One chaperone per 15 students)

Names of Chaperones: _____

Educational Competency/Objectives: (Must be taken from the MS State Frameworks)

Destination: _____

Overnight Stay: Yes No Time of Departure: _____

Dates of Travel: _____ Time of Return: _____

Mode of Travel: _____

Cost paid by the students: \$ _____ per student

Cost paid by district: \$ _____ Budget Source Code: _____

Activity Fund PTO Student Organization

Other cost paid by (choose one :) Other: _____ \$ _____

Itinerary: _____

Note: All day-time field trip requests must be accompanied by a list of students' names and parent/guardian contact information. Requests must be submitted to the assistant superintendent and/or director at least two (2) weeks in advance.

Overnight trip requests must be accompanied with a list of students' names, parents/guardians' names, addresses, home and work telephone numbers, and proof of insurance (name of company and amount of insurance). All information must be submitted to the assistant superintendent at least four (4) weeks prior to travel.

(Proof of Insurance is not required for trips inside the Clarksdale City limits.)

APPROVED: _____

YES NO _____ Director(s)

Superintendent/Designee

