



# FIELD TRIP REQUEST FORM

School  Date of Trip

Sponsoring Organization  Grade  Number of Students

Teacher  Email

Purpose of Trip  Date Of Request

Destination

Departure Date & Time  Return Date & Time

Contact Person On Location

## TRANSPORTATION

Mode

Number of Buses (or Other Public or Chartered Conveyances) Needed

Name of Driver(s)

Route: (Be specific)

## FUNDING SOURCE

School or District Funding Source

Charge to Student (if any)

Chaperone's Responsibility

## CHAPERONES

Number School Personnel Attending

### ALL SCHOOL PERSONNEL ATTENDING MUST SIGN ON THE BOTTOM OF PAGE TWO OF THIS FORM

Total Number of Non-School Personnel Chaperones Attending

Chaperone's Responsibility

## LUNCH ARRANGEMENTS:

Arrangements To Be Made

**MUST BE FILLED OUT COMPLETELY OR THE FORM WILL BE RETURNED.**

REMINDER

Once The Field Trip Is Approved, You Need To:

- Notify Transportation Director If Bus Transportation Is Needed.
- Notify Cafeteria Manager Of Lunch Plans Or Needs.
- Send Parents A Letter Detailing Trip Purposes, Dates, Times, Destinations, Charges, Lunch, Arrangements, Etc.
- Obtain Written Parent Permission For Each Child Prior To Departure.

*\*No Student Can Leave School Premises For A Field Trip Unless Written Parent Permission Has Been Obtained.*

Additionally, any chaperone must be cognizant of and adhere to Mississippi Code of Ethics Standard 6.2, which states:

6.2. Unethical conduct includes, but is not limited to, the following:

- a. Being under the influence of, possessing, using, or consuming illegal or unauthorized drugs
- b. Being on school premises or at a school-related activity involving students while documented as being under
- c. the influence of, possessing, or consuming alcoholic beverages. A school-related activity includes but is not
- d. limited to, any activity that is sponsored by a school or a school system or any activity designed to enhance the
- e. school curriculum such as club trips, etc. which involve students.
- f. Being on school premises or at a school-related activity involving students while documented using tobacco.

Signatures of school personnel acting as chaperones:

Name	Position	Email	Date of Signature

The above signature is verification that I am aware of my responsibilities as a chaperone and my understanding of State Standards and policy of the RCSD.

[Signature Line]

APPROVED BY PRINCIPAL

[Signature Line]

DATE APPROVED

[Signature Line]

APPROVED BY ASSISTANT SUPERINTENDENT

[Signature Line]

DATE APPROVED