

2017-2018

**COLUMBIA SCHOOL DISTRICT
FIELD TRIP AND EXCURSION REQUEST FORM**

DATE: _____

SCHOOL NAME: _____

NAME OF REQUESTING GROUP: _____ NAME OF TEACHER/ADVISOR/SPONSOR: _____

PURPOSE OF TRIP: _____

FIELD TRIP DATES, TIMES, AND DESTINATION(S)

FIELD TRIP DATE(S): _____ FIELD TRIP DESTINATION(S): _____

DEPARTURE DATE(S) AND TIME(S): _____ RETURN DATE(S) AND TIME(S): _____

STUDENT AND CHAPERONE INFORMATION

#OF STUDENTS: _____ #OF STAFF CHAPERONES: _____ # OF ADMIN: _____ # OF SECURITY OFFICERS: _____ #OF OTHER CHAPERONES: _____

COST PER STUDENT: _____

FUNDING SOURCES:

FEES: _____ SCHOOL BUDGET: _____ OTHER: _____

**TRANSPORTATION ARRANGEMENTS
(PLEASE CHECK)**

WALKING FIELD TRIP/EXCURSION: _____ TRAVEL BY CSD BUS: _____ TRAVEL BY CHARTER BUS: _____ OTHER: _____

OFFICIAL ACTION

TEACHER/ADVISOR SIGNATURE: _____ DATE: _____

PRINCIPAL'S ACTION: _____ APPROVED _____ DISAPPROVED

PRINCIPAL'S SIGNATURE: _____ DATE: _____

SUPERINTENDENT'S ACTION: _____ APPROVED _____ DISAPPROVED

SUPERINTENDENT'S SIGNATURE: _____ DATE: _____