

**Fort Mill School District Four**  
**Request for Approval of Overnight Field Trip**

School \_\_\_\_\_ Teacher/Sponsor \_\_\_\_\_

*Teachers/Sponsors: Please complete this form IN DETAIL and submit it to the school principal at least one month prior to the date of the trip for trips of a day or less. The superintendent and the board must approve all overnight field trips that are more than three instructional days or require international travel. Board approval must occur before fundraising efforts may begin. Field trips will be approved during the October, February, and May board meetings.*

Sponsoring organization/course/department/grade: \_\_\_\_\_

Name of Event/Function: \_\_\_\_\_

*Purpose of Field Trip: Outline separately and attach to this form how this field trip relates directly to the concepts, objectives, and standards of the course or educational activity. Describe the pre and post trip activities planned as well as details of what will take place during the field experiences. A teacher's lesson plan that includes the above information may be attached in lieu of a separate report. A detailed budget form must also be completed.*

Proposed Departure:

Day \_\_\_\_\_ Month \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

Proposed Return:

Day \_\_\_\_\_ Month \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

# of Days \_\_\_\_\_ # of School Days \_\_\_\_\_ Mode of Transportation \_\_\_\_\_

*\*Note: A separate request and approval of district buses through transportation is required.*

Destination Site \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Number of Girls \_\_\_\_\_ Boys \_\_\_\_\_ Total Cost Per Student (from worksheet) \_\_\_\_\_

Source of Funds \_\_\_\_\_

Are scholarships available? Yes \_\_\_\_\_ No \_\_\_\_\_ Source \_\_\_\_\_

Name of lodging (for overnight field trips): \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
city, state, zip

Chaperones \_\_\_\_\_

*\*Names of approved chaperones must be provided.*

Nursing Support: \_\_\_\_\_ Needed \_\_\_\_\_ Not Needed

*\*Provide list of students to nurse to determine the need for nursing support.*

Teacher/Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrative Action:

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
*Principal's Signature and Date*

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
*Superintendent's Signature and Date*

# Overnight Field Trips Cost Analysis Worksheet Per Student

**Expense Breakdown:**

**Hotel**

Room price (1) \_\_\_\_\_  
 Students/adults per room (2) \_\_\_\_\_  
 Cost of hotel per student (3) \_\_\_\_\_  
*(line 1 divided by line 2)*

**Meals**

Number of meals (4) \_\_\_\_\_  
 Cost of meals per student (5) \_\_\_\_\_  
 Total cost of meals per student (line 4 x line 5) (6) \_\_\_\_\_

**Transportation Cost**

Charter bus/Motor Coach (7) \_\_\_\_\_  
 Activity Bus\* (8) \_\_\_\_\_  
 Airline- Ticket price (9) \_\_\_\_\_  
 Ground transportation (If flying) (10) \_\_\_\_\_  
 Cost of transportation per student (11) \_\_\_\_\_

*\*Note: A separate request and approval of district buses through transportation is required.*

Other required expenses per student (12) \_\_\_\_\_  
*(Registration fees, entry fees, etc...)*

**Total Cost Per Student (Gross)** (13) \_\_\_\_\_  
*(line 3 + line 6 + line 11 + line 12)*

**Funding Sources:**

**Amount Provided Per Student**

Organization/Booster (14) \_\_\_\_\_  
 Grant \_\_\_\_\_ (15) \_\_\_\_\_  
 Other \_\_\_\_\_ (16) \_\_\_\_\_  
 Scholarship \_\_\_\_\_ (17) \_\_\_\_\_  
 Fundraising\* (18) \_\_\_\_\_  
 Total Funding per Student (19) \_\_\_\_\_  
*(line 14 + line 15 + line 16 + line 17 + line 18)*

**\*Explain type of fundraisers and how funds are distributed to students to offset cost.**

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**Actual per student cost (Net)** (20) \_\_\_\_\_  
*(line 13 minus line 19)*