

**MONTGOMERY COUNTY PUBLIC SCHOOLS
FIELD TRIP REQUEST FORM
OUT OF STATE FIELD TRIPS**

DATE OF REQUEST: _____
SCHOOL: _____

| | | | |
|---|--|--|--|
| COMPLETE THIS FORM FOR OUT OF STATE FIELD TRIPS | | | |
| IN ADDITION TO SUBMITTING THIS FORM TO THE SCHOOL BOARD FOR APPROVAL, OUT OF STATE TRIP REQUESTS MUST BE SUBMITTED ONLINE USING WEBTRIPS | | | |
| REMINDER: Out of State Field Trips must be submitted to the school board for approval at least 30 working days prior to trip. | | | |
| Group/Class/Club/Team | | Type of trip (Example - Music, Course-related, etc.): | |
| Purpose of trip | | Teacher(s) Requesting Trip | |
| Destination | | Total No. of Class Periods Missed | |
| Date(s) & Day(s) of Trip | | Loading Time at School | Estimated Time of Arrival at Destination |
| Mode of Travel: School Bus Sp. Ed./Lift Bus Charter Bus Rental Vehicle | | Departure Time at Destination | Estimated Time of Arrival Back at School |
| No. of Students | No. of Students in wheelchairs (if any): | List special needs (i.e.: oxygen securement, seatbelts, etc.) | |
| No. of Adults | Space for Equipment Needed? | Sent list of all students to school nurse to verify any health needs or Rx needed during trip (list must be sent to school nurse at least two weeks in advance of the trip) | |
| Number of Chaperones | Names (indicate staff, parents, etc.) | | |
| Are other county schools going to the same activity? Yes No Don't Know | | Follow-up Activities | |
| Date Parental Consent Forms will be filed in Principal's Office (Attach copy of information parents will receive): | | If overnight, where will the students stay? | |
| If school bus requested, list arrangements (room/meals, etc.) made for the driver for overnight trips: | | | |
| Is a Substitute Teacher required? Yes No | | If Yes, total no. of hours/days substitute needed? | |
| Total Cost per student \$ | Total cost to be paid by each student \$ | Any remaining cost to be paid by whom? School Club Other | |
| What provision has been made for students who cannot pay their own expenses? | | Trip billed to: Field Trip Allocation Club _____ Grant _____ Other: _____ | |
| _____ Teacher's Signature | | Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> | |
| _____ Date | | _____ Principal's Signature | |
| | | _____ Date | |

CENTRAL OFFICE APPROVAL

| | |
|---|-----------------------------------|
| Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> | _____ Director |
| | _____ Date |
| Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> | _____ Assistant Superintendent |
| | _____ Date |