

## TUSCUMBIA CITY SCHOOLS FIELD TRIP REQUEST

*All activities should be well planned and be of educational significance. A parent permission form must be obtained for each student. Field trip requests must be submitted to the principal at least 10 days in advance of the regular Board meeting.*

Date Form is Being Completed: \_\_\_\_\_ School(s): \_\_\_\_\_

Person Making Request: \_\_\_\_\_ Group/Club Sponsor: \_\_\_\_\_

Educational Purpose (List event and description if needed): \_\_\_\_\_  
\_\_\_\_\_

Destination (include city/state): \_\_\_\_\_

Number of Students Attending (**MUST attach list**): \_\_\_\_\_

Departure Date(s) and Time(s): \_\_\_\_\_ Return Date(s) and Time(s): \_\_\_\_\_

Alternate Date(s) (in case of rain, etc.): \_\_\_\_\_

Trip is (check all that apply):     In-State     Overnight     Out-of-State

Are meals to be provided by school lunchroom?     Yes     No

Number of Chaperons \_\_\_\_\_ (Must list teachers and/or staff who will attend): \_\_\_\_\_  
\_\_\_\_\_

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*\*Employees attending a field trip in a parental capacity must use personal or vacation leave unless the employee is the group sponsor.*

What is the mode of transportation?

Bus (Specify TCS Bus or Charter Company): \_\_\_\_\_

Other (Specify – rental, parent): \_\_\_\_\_

How will the trip be financed? \_\_\_\_\_ student/parent \_\_\_\_\_ school \_\_\_\_\_ club \_\_\_\_\_ other

Estimated cost per student: \$ \_\_\_\_\_

**ESTIMATED EXPENSES:**

*An Expense Form will be required to be completed upon return for the employee to be reimbursed any out of pocket expenses. You will only be reimbursed for the amounts approved on this form. Please overestimate expenses.*

Registration/Admission: \$ \_\_\_\_\_

Travel (rental, gas, etc.): \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

**Employee Meals**

(Limits: Breakfast \$15, Lunch \$25, Dinner \$35): \$ \_\_\_\_\_  
(Tips not to exceed 20% and are included in limit amounts. No Meal Allowances may be claimed if a meal is included in conference registration.)

Student/Team Meals: \$ \_\_\_\_\_

(A list of student names/roster must be submitted providing meals for each student. Please remember to request a tax exempt form for group meals.)

Substitute (\$110 full-day, \$55 half-day): \$ \_\_\_\_\_

Other (parking, tolls, etc.): \$ \_\_\_\_\_

**TOTAL ESTIMATED COST:** \$ \_\_\_\_\_

**FUND(S) TO BE CHARGED:**

*Please attach a list if multiple accounts are used.*

Account for Sub: \_\_\_\_\_

Account for Travel: \_\_\_\_\_

**Required Signatures:**

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Central Office Director (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Education: \_\_\_\_\_ Date: \_\_\_\_\_