

**Gallipolis City Schools**

**FIELD TRIP REQUEST FORM**

Teacher(s) \_\_\_\_\_ Grade/Subject \_\_\_\_\_

GAHS     GAMS     Green Elem     Rio Grande Elem     Washington Elem

Field Trip Destination \_\_\_\_\_ Date of Trip \_\_\_\_\_

Number of Buses \_\_\_\_\_ Location of Departure \_\_\_\_\_

Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Meal Stop                     Restroom/Break                     Overnight

Names of Chaperons \_\_\_\_\_

1. Purpose of trip/goals: \_\_\_\_\_  
\_\_\_\_\_

2. Academic Content Standards and Pre-trip activities: \_\_\_\_\_  
\_\_\_\_\_

3. Field trip activities: \_\_\_\_\_  
\_\_\_\_\_

4. Post-trip activities: \_\_\_\_\_  
\_\_\_\_\_

5. Student admission/entrance fees: \_\_\_\_\_

6. Club/organization/person/account responsible for payment of transportation costs:  
\_\_\_\_\_

**Signature of Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Nurse notified for medications and training**     Yes     No    **Date notified:** \_\_\_\_\_

**School Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal/Supervisor's Recommendation**

Granted     Denied  \_\_\_\_\_

*Signature of Principal/Supervisor*                    Date

**Superintendent's Recommendation**

Granted     Denied  \_\_\_\_\_

*Signature of Superintendent*                    Date

**Pending Board Approval**                    Approved \_\_\_\_\_

**Transportation confirmed:** \_\_\_\_\_

**(Copy to Requestor)**                    *Signature of Transportation Supervisor*                    Date