



# MARION COUNTY SCHOOL DISTRICT SCHOOL ACTIVITY/FIELD TRIP REQUEST



The teacher/sponsor of the proposed trip must complete the information below for requests of all local trips, trips that are out of the city, overnight or out-of-state. Requests for local trips must be submitted to transportation 10 school days prior to the trip. Requests for trips out-of-the-city, overnight or out-of-state must be submitted to the appropriate Cabinet level administrators for final approval 30 calendar days prior to the trip. Request for out-of-country trips must be submitted three months prior to the date of the trip. No trips will be approved 10 school days prior to the end of the school year. **POLICY- IJOA/IJOAR**

School/Department: \_\_\_\_\_ Date of Request \_\_\_\_\_

Teacher/Sponsor/Requestor \_\_\_\_\_ Contact Number #(s) \_\_\_\_\_

Purpose of Trip: Outline below or attach educational objectives of the activities, the relationship of the activity to organization or course, and itinerary.

Date nurse notified: \_\_\_\_\_ Signature of Nurse: \_\_\_\_\_

\*The nurse must be given the class roster(s) no later than 10 days in advance of a field trip.

Activity: \_\_\_\_\_ Destination: \_\_\_\_\_  
(Type of Activity: i.e., Track, Band, Debate Team, ROTC, Etc.)

Destination Address: \_\_\_\_\_  
(Street) (City) (State)

Purposed Departure: \_\_\_\_\_ Pick Up Point: \_\_\_\_\_  
(Day) (Month) (Date) (i.e. School, Walmart Parking Lot etc.)

Purposed Return: \_\_\_\_\_ Return Point: \_\_\_\_\_  
(Day) (Month) (Date) (i.e. School, Walmart Parking Lot etc.)

Specify Grade(s): Pre-K/Pre-CD: \_\_\_\_\_ Elementary: \_\_\_\_\_ Middle: \_\_\_\_\_ High: \_\_\_\_\_

# of Girls: \_\_\_\_\_ # of Boys: \_\_\_\_\_ # of Chaperone(s): \_\_\_\_\_ # of Wheelchairs: \_\_\_\_\_

Transportation: ☐ Activity Bus: \_\_\_\_\_ ☐ Charter \_\_\_\_\_ ☐ Other \_\_\_\_\_  
(Charter Bus Company)

Request Bus Arrival Time at School: \_\_\_\_\_ ☐ AM ☐ PM Bus Return Time to School: \_\_\_\_\_ ☐ AM ☐ PM  
(By 2:00 PM - School Day Trips)

	Estimated Cost	Estimated Cost Due From Fundraiser/Sponsors	Estimated Cost Due From District	Estimated Cost due from other Sources - Specify	Total Cost	PrePay <input type="checkbox"/>
Mileage (\$1.10 mi)						
Driver (\$26.50/hr)						
Food						
Lodging						
Other (Specify)						
TOTAL						

Payment contingent upon funds availability

\*Attach Check Request Form(s)

Funding Source: \_\_\_\_\_ Cost of Trip: \_\_\_\_\_  
(Account Code)

Chaperone(s): Attach complete student manifest document upon submission.

Name, address, and phone of lodging (for overnight trips only).

Name(s)/Circle Chaperones Gender	Position	
M / F M / F M / F M / F		

Teachers/Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Principal Date Director Date

Approved By: \_\_\_\_\_  
Deputy Superintendent Date Superintendent and MCBOE (Out-of-State Trips) Date