

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): _____

Group/Club: _____ Person Making Request: _____

Educational Purpose (List event and description if needed): _____

Destination (include city/state): _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Alternate Date and Time (in case of rain, etc.): _____

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

Number of Students Attending (**MUST attach list**): _____

Are meals to be provided by school lunchroom? _____ Yes _____ No

Number of Chaperones: _____ (Must list teachers and/or staff who will attend): _____

**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: _____

CNP Manager: _____ Date: _____

Principal: _____ Date: _____

Athletic Director (if applicable): _____ Date: _____

Central Office Director (if applicable): _____ Date: _____

Superintendent: _____ Date: _____

Board of Education (if applicable): _____ Date: _____