FIELD TRIP REQUEST FORM

Local ☐
Out-Of-City ☐
Out-Of-State ☐
Overnight ☐

Name of School: _____ Date _____

Principal Authorization: _____ _____
Signature Print Name

Class/Group: _____ Number of Participating Students: _____

Teacher/Sponsor Authorization: _____ _____
Signature Print Name

Number of Chaperones: _____ (One chaperone per 15 students)

Names of Chaperones:

Educational Competency/Objectives: (Must be taken from the MS State Frameworks)

Destination: _____

Overnight Stay: ☐ Yes ☐ No Time of Departure: _____

Dates of Travel: _____ Time of Return: _____

Mode of Travel: _____

Cost paid by the students: $ _____ per student

Cost paid by district: $ _____ Budget Source Code: _____

☐ Activity Fund ☐ PTO ☐ Student Organization

Other cost paid by (choose one :) ☐ Other: _____ $ _____

Itinerary:

Note: All day-time field trip requests must be accompanied by a list of students' names and parent/guardian contact information. Requests must be submitted to the assistant superintendent and/or director at least two (2) weeks in advance.

Overnight trip requests must be accompanied with a list of students' names, parents/guardians' names, addresses, home and work telephone numbers, and proof of insurance (name of company and amount of insurance). All information must be submitted to the assistant superintendent at least four (4) weeks prior to travel.

(Proof of Insurance is not required for trips inside the Clarksdale City limits.)

APPROVED: _____ _____
YES ☐ NO ☐ Director(s) Superintendent/Designee