UNION COUNTY PUBLIC SCHOOLS
OVERNIGHT, OUT-OF-STATE, AND/OR OUT-OF-COUNTY
FIELD TRIP APPROVAL REQUEST

Academic Field Trips: **APPROVED** ☐ **DENIED** ☐ _____ _____
Chief of School Performance or Designee **Date**

Athletic Field Trips: **APPROVED** ☐ **DENIED** ☐ _____ _____
Asst. Superintendent Admin & Operations **Date**

The certified staff member(s) designated by the principal to have overall responsibility for this trip must sign below acknowledging: (1) that they have reviewed UCBOE Policy and Administrative Guidelines regarding field trips and administration of medications, and (2) that they have reviewed UCPS Field Trip Administrative Guidelines and UCPS Risk Manager Field Trip Guidance. Failure to follow procedures outlined in Board Policy or Administrative Guidelines may result in cancellation of the trip.

Teacher/Coach Acknowledgement: _____ Date: _____

Teacher/Coach Acknowledgement: _____ Date: _____

Principal Signature Required: _____ Date: _____

Does the trip include any high-risk activities as listed on the UCPS Risk Manager Field Trip Guidance? Yes ☐ **No** ☐

****If yes, a detailed itinerary describing all activities students will participate in must be sent to the UCPS Risk Manager for additional guidance prior to District approval.**

Risk Manager Approval: _____ Date: _____

Trip Information ** **An itinerary must be attached to include all activities, restaurants, etc.**

School Name and Grade Level/Club/Athletic Team: _____

Required Staff Member Names (at least 2): _____

Location of Trip (Name of venue, city, state): _____

Date(s) of Trip: _____ Departure Time: _____ Return Time: _____

Number of Instructional Days Missed: _____ Total Cost to Student: _____

Number of Students Attending: _____ Number of Staff Chaperones (at least 2): _____

Number of additional Approved Adult Chaperones: _____(APPROVED STATUS MUST BE VERIFIED PRIOR TO DEPARTURE)

Type of Transportation: School Bus ☐ Activity Bus ☐ UCPS Van ☐ Commercial Carrier ☐

Student/Self-Transport ☐ Parent Transport ☐ (Parent Release Form must be completed for these options)

Name of Charter Bus Carrier from Approved Carrier List: _____

Name of Booking/Travel Agency from Approved List: _____

Purpose of Trip:

Describe the curriculum-based educational value, to include purpose and objectives **as related to the North Carolina Standard Course of Study.** How will you evaluate the effectiveness of the activity (use additional sheet if needed)?

_____

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