



Field Trip Approval

Today's Date: _____ Teacher(s)/Class/Club: _____

Event: _____ Destination: _____

Number of Students: _____ Number of Adults/Chaperones: _____

Student Fee: _____ Date/Time of Departure: _____

Total Cost of Field Trip: _____ Date/Time of Return: _____

Driver(s): _____ GISD Sponsor Signature: _____

Purpose of the Trip – Briefly explain event and instructional value:

| Name of Chaperone | Background Check | Name of Chaperone | Background Check |
|-------------------|--|-------------------|--|
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Plan for students needing financial assistance: _____

Trip funded by (account/organization): _____

Plan for students not attending field trip: _____

- *Attach Student Permission Slip
- *Attach District Transportation Request
- *District Approval Required for Overnight and/or Trips Outside Region IV

| | |
|--|---------------------|
| Office Use Only | |
| District Approval Required? <input type="checkbox"/> YES <input type="checkbox"/> NO | Date Received _____ |
| Campus Approval Signature: _____ | Date: _____ |
| District Approval Signature: _____ | Date: _____ |