CLARKSDALE MUNICIPAL SCHOOL DISTRICT

FIELD TRIP REQUEST FORM

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

SCHOOL AND AUTHORIZATION INFORMATION

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)*

TRIP INFORMATION

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: _____

Other cost paid by (choose one): ☐ Activity Fund ☐ PTO ☐ Student Organization

Other: _____ $ _____

Itinerary: _____

_____

_____

IMPORTANT NOTES

★ 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.)

APPROVAL

APPROVED:

YES ☐ NO ☐

_____ _____
Director(s) Superintendent/Designee

PREPARE. | PLAN. | PRACTICE. | PARTNER. | PROTECT.

★★★ *Every Student. Every Need.* ★★★