CLARKSDALE
MUNICIPAL SCHOOL DISTRICT

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

FIELD TRIP REQUEST FORM

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: _____

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

☐ 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.

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

_____ _____
Director(s) *Superintendent/Designee*

Every. Student. Every. Need.