Hazlehurst City School District
Excellence is the Expectation
Dr. Nonya C. Thrasher, Interim Superintendent
119 Robert McDaniel Drive Hazlehurst, MS 39083
PH: 601.894.1152 | FAX: 601.894.3170 | WEB: WWW.HAZLEHURST.K12.MS.US
TRANSPORTATION DEPARTMENT

Field Trip Request Form

Today's Date: _____

School/Department Requesting Trip: _____

Date of Field Trip: ___/___/___ Destination: _____

Purpose/Benefit of Field Trip: _____
_____
_____
_____

Safety Monitor (required by law): _____ # of Students: _____ # of Parents: _____

Time of Departure: _____ Estimated time of Return: _____

Total estimated cost of trip: $_____ Per Student Cost (if required): $_____

Source of Funds: ___District Funds ___Activity Funds ___Federal Funds ___Athletics
___Other_____

Supervising Employee: _____ Date: _____

Principal/Supervisor: _____ Date: _____

____ Approved ____ Denied: _____

Transportation Director: _____ Date: _____

____ Approved ____ Denied: _____

Superintendent: _____Date:_____

Driver(s) / Phone Number

_____
_____
_____

Chaperone(s) / Phone Number

_____
_____
_____

NOTE: Approval will not be granted until a complete student roster is provided.

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Field Trip Request Submission Checklist:

Please submit all requests three weeks in advance.

- ☐ Completed Field Trip Cost Request
- ☐ Complete Student Roster w/ Parental Information
- ☐ MapQuest
- ☐ Permission Form Template
- ☐ Signed Field Trip Request(should be signed by admin)
- ☐ Driver(s) listed (please indicate specific drivers.)
- ☐ Notes: _____
  - _____
  - _____
  - _____
  - _____
  - _____

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