Calhoun County School District - Field Trip Request Form

Instructions: This form must be completed by the teacher, approved by the Principal, and sent to the District Office for the appropriate approvals at least 30 working days prior to the date of the field trip. Trips are processed on a first-come, first-served basis.
1. The Transportation Department does not guarantee the availability of buses or drivers for trips leaving before 7:45 a.m. or returning after school hours. The normal return times are 2:30 p.m. for K-8 students and 3:00 p.m. for high school students.
2. The estimated cost for drivers is $45.00 per hour. This figure includes fringe benefits. The use of a bus should be calculated at $1.24 per mile. The use of the car should be calculated at $0.54 per mile. (These rates are subject to change due to fuel costs).
3. The teacher is responsible for notifying the school's cafeteria manager regarding bag lunches requested for the trip and lunch cancellations.
4. The Principal is responsible for making sure that all students participating in the field trip have the appropriate written parental permission and insurance information as required by Board Policy.

Educational Objective:

Booking Details:

Person in Charge of Trip: **Cell Phone #:** **School:**

Grade Level/Group:

Destination and address:

Date of Trip: **Overnight:** Yes ◯ No ◯ **Out of State:** Yes ◯ No ◯

Number of Attendees: Students: Faculty: *Chaperones: Total Number on Trip:

**Chaperones must have pre-approved SLED Checks prior to the trip and a signed Chaperone Agreement for the trip.*

Trip Departure Time from School: **Trip Return Time to School:**

Special Needs: **Number of Wheelchairs Required:**

Notify the School Nurse of any special health concerns/medications and supply the trip roster.

Food Service Request: Are bagged lunches needed? Yes ◯ No ◯

If no, how will lunch be provided?

Number of Bag Lunches Needed: **Special Diet Request:**

Fees

Will fundraising take place to cover the costs? Yes ◯ No ◯ *Attach Request for Fund-raising Activity form for approval.*

Cost of the vehicle: $ **Cost of the driver: $** **Cost for admission/registration: $**

Other costs: $ **Total cost of trip: $** **Amount collected from each student: $**

Account to be charged for payment:

Principal: Approved: Denied: **Date:**

Food Service Manager: **Date:**

Nurse: **Date:**

Deputy Superintendent: Approved: Denied: **Date:**

Chief of Operations: Approved: Denied: **Date:**

Director of Transportation: **Requisition #:** **Date:**

The account to be charged should have adequate funds no later than

Reason for Denial:

Please complete all sections. After the Principal's signature, please scan and email the request to Ms. Jennifer Williford. Ms. Jenkins will then return a completed copy to the Principal/Bookkeeper.

HANDWRITTEN REQUESTS WILL NOT BE ACCEPTED. ONLY SIGNATURES MAY BE HANDWRITTEN.

FUNDRAISING CANNOT OCCUR UNTIL AFTER THE TRIP IS APPROVED.