Calhoun County School District – Field Trip Request Form 2025-2026

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 and 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.

F**ood 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 send request to Mrs. Murdaugh's *Office* to begin the approval process. Mrs. *complete and forward the form to Mr. Kiernan, who will then return a copy to the Principal/Bookkeeper.***

FUNDRASING CANNOT OCCUR UNTIL AFTER THE TRIP IS APPROVED.