

- An approved Form 202 must accompany this Form 302 Field Trip Request
Form 302

Revised 11/10/25



East Tallahatchie School District
411 East Chestnut Street
Charleston, MS 38921
662-647-5524 phone • 662-647-3720 fax



Field Trip Approval Form

This form must be submitted to the Transportation Department **at least 7 school days** before departure (athletics may submit according to game notice timelines).

- Attach student roster, signed permission forms (if applicable), and any medical plans/medication forms.
- Principal/Athletic Director approval required prior to Transportation scheduling.
- Bus Drivers must complete the PreTrip Inspection and PostTrip Log.

Trip Request Information (to be completed by Requester)

School/Department: _____

Program/Team/Class/Group: _____

Trip Type: ☐ Field Trip ☐ Athletic ☐ Academic/Club ☐ Other: _____

Trip Title/Purpose (brief): _____

Destination (name & full address): _____

Date(s) of Travel: _____ **Departure:** From (site) _____ Date _____ Time _____

Return (estimated): To (site) _____ Date _____ Time _____

Event Schedule/Itinerary attached? ☐ Yes ☐ No (explain): _____

- Form 302 grants permission for the field trip and ensures appropriate transportation.
- Form 202 grants permission for the staff member to attend and provides necessary documentation for the staff member not to be docked for the day of absence from the district.
- This Form must be fully completed before approvals are granted.

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Passenger Counts:

Students: ____ **Adults/Chaperones:** ____ **Wheelchair Users:** ____ **Total:** ____

- **Student Roster attached?** ☐ Yes ☐ No (explain):

- **Nurse notified?** ☐ Yes ☐ Not required **Nurse attending?** ☐ Yes ☐ No

I understand that I must have signed parental permission slips for each student participating. I understand it is my responsibility to ensure appropriate supervision of the students attending this field trip.

Requester Information

- **Requesting Staff Member Signature** _____

- **Role/Title:**

- **Email/Phone:**

- **Administrator Overseeing Trip:**

Funding & Cost Center (to be completed by School/Dept.)

Funding Source: ☐ School Activity ☐ Athletics ☐ Grant ☐ Federal/Title ☐ PTO/
Booster ☐ Other: ____

Cost Center/Account #:

Estimated Mileage/Hours (if known): Miles ____ Driver hours ____

Admission/parking/tolls paid by: ☐ School/Dept. ☐ Student ☐ Other: ____

Approvals (obtain in order)

Principal/Designee: Name _____ Signature _____ Date _____

Athletic Director (if athletics): Name _____ Signature _____ Date _____

Transportation Director/Coordinator: Name _____ Signature _____ Date _____

Transportation will assign vehicle(s)/driver(s) after approvals and confirm schedule with the requester.

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