



Williamsburg County School District

Extra-Curricular Field Trip Request and Authorization Form



School:		Grade:	
		Department:	
Name of Event and/or Place of Event:			
Physical Address of Destination:			
Date of Trip:		Time of Departure:	Time of Return:
Method of Transportation:			Number of Students Attending:
<u>World Class Skills to Be Developed:</u>			
<u>Life and Career Characteristics to Be Advanced:</u>			

*****TO BE COMPLETED BY THE SPONSOR*****

Total Cost of Trip:	<u>Total Cost Itemized</u>	<u>Amount</u>	Account Number (If Applicable)									
Itemized Breakdown	Parent:	\$										
	School:	\$										
	District	\$										
	State:	\$										
	Federal:	\$										
	Other:	\$										
	Total Cost (Must Equal Number in Left Column)	\$										
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Bus Arrangements Completed</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Teachers Notified</td> <td style="width: 34%; border: none;"><input type="checkbox"/> Permission Slips Collected</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Cafeteria Notified</td> <td style="border: none;"><input type="checkbox"/> Attendance Office Notified</td> <td style="border: none;"><input type="checkbox"/> Itinerary Submitted to Principal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Nursing Staff Notified</td> <td colspan="2" style="border: none;"><u>Chaperones (10:1 Ratio):</u></td> </tr> </table>				<input type="checkbox"/> Bus Arrangements Completed	<input type="checkbox"/> Teachers Notified	<input type="checkbox"/> Permission Slips Collected	<input type="checkbox"/> Cafeteria Notified	<input type="checkbox"/> Attendance Office Notified	<input type="checkbox"/> Itinerary Submitted to Principal	<input type="checkbox"/> Nursing Staff Notified	<u>Chaperones (10:1 Ratio):</u>
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Sponsor's Signature		Date	Principal's Signature									
			Date									

*****TO BE COMPLETED BY DISTRICT OFFICE*****

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		<input type="checkbox"/> SUPERINTENDENT'S APPROVAL NEEDED	
Chief Academic Officer's Signature	Date	Chief Academic Officer's Signature	Date
<input type="checkbox"/> APPROVED BY SUPERINTENDENT		<input type="checkbox"/> DISAPPROVED BY SUPERINTENDENT	
Superintendent's Signature	Date	Superintendent's Signature	Date