

# Cumberland County Board of Education Administrative Procedures

Issued: July 2004	Procedure: <b>Field Trip and Excursions</b>	Policy Reference: 4.302 Exhibit B
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## Cumberland County Schools Field Trip Request

In State/Pre-approved \_\_\_\_\_ Overnight \_\_\_\_\_ Out of State \_\_\_\_\_

This form is to be submitted to the principal and received in the appropriate Director's Office 2 weeks prior to the date of the trip for approval. OUT OF STATE AND OVERNIGHT TRIPS MUST HAVE BOARD APPROVAL. YOU MUST SUBMIT THESE TRIPS 2 WEEKS PRIOR TO THE MONTHLY BOARD MEETING.

Parent permission slips must be obtained for all students making the trip, taken on the trip, and then filed in the principal's office.

School \_\_\_\_\_ Subject/Grade Level \_\_\_\_\_  
 Trip Requested By \_\_\_\_\_ Date of Trip \_\_\_\_\_  
 Destination \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Departure time \_\_\_\_\_ Return \_\_\_\_\_ Admission per student: \$ \_\_\_\_\_  
 Special Services needed such as school nurse, handicap vehicle, etc. \_\_\_\_\_

Please check type of Activity:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Academic Field Trip  | <input type="checkbox"/> Competition                                |  |
| <input type="checkbox"/> Incentive Field Trip | <input type="checkbox"/> Sports                                     |  |
| <input type="checkbox"/> School Clubs         | <input type="checkbox"/> Special Classroom Trip (description) _____ |  |
| <input type="checkbox"/> Band/Chorus          | <input type="checkbox"/> Other _____                                |  |

Teachers: _____	# of Students	_____
_____		_____
_____		_____
_____		_____
Total: _____	Total:	_____

Additional Chaperones (if needed) \_\_\_\_\_

- Cafeteria notified     
  Purchase order requested     
  Permission slip obtained (should be taken on trip)  
 Substitute requested (if needed)

\_\_\_\_\_ Sponsoring Teacher's Signature     
 \_\_\_\_\_ Cell Phone #     
 \_\_\_\_\_ Principal's Signature     
 \_\_\_\_\_ Date

<i>For transportation Department Only</i>			
Drivers: (1) _____	(2) _____	(3) _____	(4) _____
Beginning Mileage _____	Ending Mileage _____	Total miles _____	
Amount to be paid driver \$ _____	Amount for Fuel \$ _____		
Transportation Supervisor	Director of Schools		

<i>This section to be completed for out-of-state or overnight school sponsored trips only</i>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Director of Schools Signature
Date of Board Approval _____	