WILLIAMSBURG COUNTY SCHOOL DISTRICT

Field Trip Request and Authorization Form

Section 1

Check One:	**Academic Field Trip**		**Extra-Curricular Field Trip**	**Grade:**	**Department:**

School: **Destination:**

Physical Address of Destination:

Date of Trip:	**Time of Departure:**	**Time of Return:**
Method of Transportation: **(Charter Bus Liability Certificate Required)**		**Number of Students Attending:**

Educational Objective:

Section 2 (Field trip will not be approved without the nurse's signature)

Alphabetical student roster by grade level with emergency phone numbers is attached.	**Nurse's Signature:**		**Date:**	

Section 3

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

Itemized Cost Breakdown:

Transportation:
Admission:
Bus Driver(s):
Total:

Cost	Amount	Funding Source (If Applicable)
Parent:	$	
School:	$	
District	$	
State:	$	
Federal:	$	
Other:	$	
Total Cost (Must Equal Number in Left Column)	$	

☐ **Bus Arrangements Completed**	☐ **Teachers Notified**	☐ **Permission Slips Collected**
☐ **Cafeteria Notified**	☐ **Attendance Office Notified**	☐ **Itinerary Submitted to Principal**

Names of Chaperones (10:1 Ratio):

Sponsor's Signature	**Date**	**Principal's Signature**	**Date**

Section 4

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

IN-STATE FIELD TRIP		OUT-OF-STATE OR OVERNIGHT FIELD TRIP	
[ ] APPROVED [ ] NOT APPROVED		[ ] APPROVED [ ] NOT APPROVED	
Chief Academic Officer's Signature	**Date:**	**Superintendent's Signature**	**Date**

(This form should not exceed one page.)