

- 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 10 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 Pre-Trip Inspection and Post-Trip Log.

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### 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 \_\_\_\_\_

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

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:

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### 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: \_\_\_\_

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### Approvals (obtain in order)

Principal/Designee: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director (if athletics): Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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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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