

GRAINGER COUNTY SCHOOLS
TEACHER REQUEST FORM
FIELD TRIP/ACTIVITY

Name of School: _____

Teacher(s) Requesting and Sponsoring Trip: _____

Group's Name: _____

Destination of Group: _____

Purpose of Field Trip: Reward: _____ Educational: _____ (If educational, how does the trip/activity relate to classroom instruction?): _____

Date and Time of Departure: _____

Date and Time of Return: _____

If Group plans to stay overnight, where will they be staying? _____

Mode of Transportation (If bus, list bus number and/or driver.): _____

If private vehicle is used, give insurance carrier and policy number: _____

Number of Students Participating: _____ (Attach list if more than one.)

Number of Teachers: _____ Number of Chaperons: _____ (Attach list of names for each.)

Cost Per Student: _____

Student(s) who will need medication: _____ (Attach list if more than one.)

Itinerary (Where you will be and at what time.): _____

*Arrangements must be made for students not going and reported to the office one day prior to event.
ALL SCHOOL BOARD POLICIES WILL BE STRICTLY FOLLOWED, AND STRICT ADHERENCE TO ALL SCHOOL
RULES WILL BE OBSERVED.

Teacher Signature Date

Principal Signature Date

SPED Teacher Signature

School Nurse Signature Date

Director of Schools Signature Date

Date Approved by School Board if Overnight Trip