

AMITE COUNTY SCHOOL DISTRICT

ADMINISTRATOR FIELD TRIP REQUEST FORM

Submit for approval prior to making final commitments or communicating the trip as approved.

SECTION I - TRIP INFORMATION

School:		Administrator:	
Trip/Event:			
Destination:		Trip Date:	
Departure Time:		Return Time:	
Grade(s)/Group:		# Students:	
		# Adults:	
Lead Staff Member:		Contact Phone:	
Transportation:		Estimated Cost:	
Funding Source:			
Child Nutrition Sack Lunch Request:	☐ Yes ☐ No	Number Requested:	

SECTION II - INSTRUCTIONAL PURPOSE AND ACADEMIC IMPACT

1. What is the educational purpose of this field trip, and how does it align with current Mississippi curriculum standards and classroom instruction?

2. What specific learning outcomes should students demonstrate as a result of participating in this experience?

3. How will you ensure that students complete any academic assignments or instructional content missed as a result of participating in the field trip?

AMITE COUNTY SCHOOL DISTRICT

ADMINISTRATOR FIELD TRIP REQUEST FORM

Submit for approval prior to making final commitments or communicating the trip as approved.

SECTION III - SUPERVISION AND REQUIRED CONFIRMATIONS

4. Describe the supervision plan, including how students will be grouped, monitored, and accounted for throughout the trip.

SECTION IV - REQUIRED CONFIRMATIONS

- ☐ Permission procedures will be completed before student participation.
- ☐ Transportation arrangements will follow District procedures.
- ☐ Appropriate supervision will be maintained for the duration of the trip.
- ☐ Student medical, accessibility, and other documented support needs will be addressed as applicable.
- ☐ Instructional staff will have a plan for missed assignments and instructional time.
- ☐ If sack lunches are requested, Child Nutrition will be notified in accordance with District procedures.

SECTION V - ADMINISTRATOR CERTIFICATION

By entering my initials below, I certify that the information provided is accurate, the proposed trip has an educational purpose, and all required District procedures will be followed if the request is approved. No final commitment or representation of District approval will be made prior to receiving the required authorization.

Administrator Initials (Electronic Signature):

Date:

SECTION VI - SUPERINTENDENT APPROVAL

Superintendent's Signature of Approval

Date