

Williamsburg County School District



Academic Field Trip Request and Authorization Form

School:				Grade:		
				Department:		
Name of Event and/or Place of Event:						
Physical Address of Destination:						
Date of Trip: Time			Time of Departure:		Time of Return:	
Method of Transportation:				Number of Students Attending:		
Instructional Objectives Derived from the SC Standards, Aligned with WCSD Curriculum and Pacing Guide:						
Account to Macaure Mactery of the Objective(a) listed above (Must match visor of the Standard Attach Account)						
Assessment to Measure Mastery of the Objective(s) listed above (Must match rigor of the Standard—Attach Assessment):						

Total Cost of Trip: Total Cost Ite			<u>d</u>	Amount	Account Number	
	Parent:			\$	(If Applicable)	
	Parent: School:			\$		
	District			\$		
	State:			\$		
	Federal:			\$		
				\$		
	Other:			Ş		
Total Cost (Must Equal Numbe			.f+	\$		
	(Must Equal Number in Left Column)		ii.	Ŷ		
O Bus Arrangements Completed O Teach			achers No	otified O Permission Slips Collected		
O Cafeteria Notified O At		O Attendance Office Notified O Itinerary Submitted to Prince		pal		
O Nursing Staff Notified Chap		aperones (10:1 Ratio):				
I						
Sponsor's Signature			Date	Principal's Signature		Date
********TO BE COMPLETED BY DISTRICT OFFICE********						
O APPROVED O DISAPPROVED				O SUPERINTENDENT'S APPROVAL NEEDED		
Chief Academic Officer's Signature			Data	Chief Academic Officer's Signature Date		Data
			Date	Chief Academic Officer's Signature Date		
O APPROVED BY SUPERINTENDENT				O DISAPPROVED BY SUPERINTENDENT		
Supprintendent's Signature			Date	Superintendent's Signature		Date
Superintendent's Signature			Date	Superintendent's Signature Date		Date