WILKINSON COUNTY SCHOOL DISTRICT

FIELD TRIP CHECKLIST- REQUIRED ATTACHMENTS		
Field Trip Request Form	Completed Field Trip Request Must be signed by the principal and the executive director	
Chaperone Statement Acknowledging Responsibilities & Duties	Chaperone count must uphold the 10:1 Student to Chaperone Ratio The form is to be completed by both faculty and non-staff volunteers serving as chaperones Review forms to ensure that the chaperone type and chaperone's cell number is provided Chaperone forms must coincide with the count of faculty and non-staff chaperone volunteers provided on the FTP form (Revision will be accepted, additional forms must be submitted two instructional days prior to trip date	
Fundraiser Permission and Financial Recap Form	Applicable, if funds are being raised for FTP	
Transportation	Charter Bus/Van Rental	District Transportation
		Submit a copy of bus request
	Parent-Provided	Copy of Driver's License & Insurance Card
Itinerary	Schedule of activities	
List of Student Names & Emergency Contact Numbers	Student list must coincide with the student count of the FTP (Revisions will be accepted, revised student list must be submitted two instructional days prior to trip date)	
Night Shift Schedule	Applicable for Overnight Field Trips	
Parent/Guardian Approval Release Forms	Provide a copy of one English/Spanish form completed in its entirety (Must have parent signature)	
Parent Meeting (Mandatory for overnight In-County/Out-of-County, Out-of-State, or Out-of-Country field trips)	Sign-in Sheets Agenda	

WILKINSON COUNTY SCHOOL DISTRICT
FIELD TRIP REQUEST

SCHOOL:		TEACHER:	
DESTINATION INFORMATION			
Destination:	Physical Address:		
Departure (Date/Time):		Return (Date/Time):	
GROUP TRAVELING			
Student Group (i.e. Student Council, Choir. etc.			
Number of Students: (Count must Coincide w/Student List)	Grade(s):	Number of Faculty:	Number of Non-Staff:
LEARNING EXPECTATION			
Specific Standard & Learning Outcome: **Attachment: How will learning be assessed during and after the field trip? How will the information gained from this trip be used to improve or enhance student learning related to this standard**			
TRIP SPONSOR			
First & Last Name		Cell Phone:	
OVERNIGHT ACCOMMODATIONS (if applicable)			
Hotel Name:	Physical Address:	ZIP:	Phone Number:
FUNDING SOURCE			
Activity Fund	Student Fees	Grant	Other _____
TRIP TOTAL	**FUNDRAISERS**	**SCHOOL PAYMENT PLAN**	**STUDENT PAYMENT PLAN**
$	Type & Dates:	Amounts & Dates:	Amounts & Dates:
TRANSPORTATION & FOOD			
□ Chartered Bus/Common Carrier Number of Buses	□ District Number of Buses	□ Van Number	□ Other
Cafeteria Notified	Yes or No	Arrangement for "Bag" Lunch/Refreshments	Other
UNIQUE POTENTIAL HAZARDS EMERGENCY PLAN			
1. Plan with the school nurse 2. Call 911	3. Contact School 4. Render first aid for minor emergencies	5. Notify parent/guardian 6. Provide written notice upon return	
Name of Nearest Medical Facility:	Physical Address:	Phone#:	
REQUIRED SIGNATURES			
Trip Sponsor		Date:	
Principal Approval		Date:	
Program Supervisor Approval		Date	
Superintendent Approval			

Revised March 11, 2026

WILKINSON COUNTY SCHOOL DISTRICT

FIELD TRIP PERMISSION

ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN FIELD TRIP- OUT-OF-SCHOOL ACTIVITY

Parent/Guardian	Student

☐ I agree to allow my son/daughter identified above to attend the following field trip or out-of-school activity.

Destination/Detailed Description of Activity and Educational Purpose:

_____

_____

Date of Field Trip/Activity	**Time Of Departure**	**Time of Return**

Group/Class/School Club_____

Sponsor of the Field Trip/Activity_____

Transportation being Provided ☐ School Bus ☐ Commercial/Charter Bus

Student Agreement

While participating on this field trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Student's Signature: _____ Date:_____

This is to certify that I authorize the Superintendent or a designated representative to secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while participating in this trip or activity. I understand that, while student safety is a high profile for the District, under State law, the school is **not responsible** for medical costs associated with student injury.

In consideration for my child's participation in the above-describe field trip or activity, I expressly hold harmless from and waive against the District, its Trustees, employees, agents, and assigns, any and all claims for medical expenses, loss of services, injury to person or property, death, or other claims, actions, or liabilities made against it or them on behalf of my child, regardless of the cause of such claims, actions, or liabilities or any concurrent or contributing fault or negligence of it or them as such may result from my child's participation in the trip or activity.

In further consideration of my child's participation in the above-described field trip or activity. I also agree to indemnify and hold harmless the District, its Trustees, employees, agents, and assigns, from and against any and all suits, actions, losses, damages, claims, or liabilities of any character, type, or description, including attorney's fees and court costs, made by third parties against it or them which may result from my child's participation in the trip or activity. I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity, which it or they have under Mississippi law. I have read and understand this release and signed it voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian	Date:
Daytime phone	
Emergency contact:	Phone:

WILKINSON COUNTY SCHOOL DISTRICT

CHAPERONE STATEMENT ACKNOWLEDGING RESPONSIBILITIES AND DUTIES

☐ Staff ☐ Non-Staff

I,_____ will chaperone for
(Print Full Name)

_____ to
(Campus Name)

_____ on
(Field Trip Destination/Group Traveling)

_____
(Field Trip Day/Dates)

CHAPERONE DUTIES AND RESPONSIBILITIES

Chaperones mustbe:

1. District employees; or
2. Any other adult approved by the principal and sponsor of the field trip who meets the eligibility requirements to volunteer in the District before the trip is scheduled for departure, may include a criminal background check.

The primary reason for the chaperones is to supervise a group of students. Chaperones are responsible for students and are expected to stay with their assigned group and monitor their behavior for the entire field trip from departure time until they return to school.

Chaperones are responsible for enforcing the Student Code of Conduct and other relevant District policies. The chaperones are additionally responsible for executing the submitted approved plan for student supervision for the entire field trip from the time of departure until the scheduled conclusion of the trip.

Chaperones must adhere to established basic guidelines for District-sponsored functions and additional guidelines as may be developed by the individual school. Chaperones are responsible for attending any designated information or procedural meeting prior to and during the field trip as required by the school principal, sponsor, or designee.

Chaperones must sign a form acknowledging their responsibilities as chaperones and must not be allowed to smoke, use tobacco products of any type, consume alcoholic beverages or illegal drugs, or be involved in any illegal or immoral activity during the trip.

The ratio of students to chaperones will be no greater than ten to one.

I,_____, have read and understand all the responsibilities and duties of a chaperone. I accept these responsibilities without waiving any applicable immunity that may exist under the laws of the State of Mississippi or the United States.

Signature Date Chaperone Cell Phone Number

Witness (Principal, Sponsor, and/or designee) Date

WILKINSON COUNTY SCHOOL DISTRICT
CHILD NUTRITION DEPARTMENT

SPECIAL FUNCTION AND BAG LUNCH REQUEST FORM

******NOTICE: Due in Food Service Office three weeks before Function******

School_____ Today's Date_____

Type of Event_____

Date of Event_____ Time of Event_____

Location_____ Number to Prepare For_____

MENU	COST	MENU	COST
	$		$
	$		$
	$		$
	$		$

Fund #_____ Function #_____ Object#_____ P.O. #_____

***Required for Special Functions only.** (Must be complete before we approve the Special Function.)

IF WE SUPPLY THE FOLLOWING, IT WILL BE AN ADDITIONAL $.50 PER PLATE.

Circle if Needed: Plates Napkins Dessert Plates Forks Spoons Knives

How Many: Table Cloths ($3.50 each) _____ Table Skirts ($6.50 each) _____

TOTAL COST OF FUNCTION: $

Signature of Person Requesting Function **Phone #** **Date of Signature**

Signature of Principal/Director **Phone #** **Date of Signature**

Signature of Food Services Director **Date of Signature**

Signature of Business Office **Date of Signature**

Signature of Superintendent **Date of Signature**

There must be a signature of the Superintendent for this event to be accepted regardless if it is for a Special Function or Bag Lunches.