

___ In State ___ Out of State ___ Overnight

Madison City Schools Field Trip Request

Teacher: _____ School: _____

Destination: _____

Date From: _____ To: _____

Departure Time: _____ Return Time: _____ Number of Students: _____ Grade: _____

Teacher(s)/Staff Attending Trip: _____

Chaperone(s): _____

Type of Transportation: _____ Teacher/Chaperone to Student Ratio: _____

How will class be covered? (Check One)

Funding Source: (Check One)

___ Substitute ___ In House

___ School System
___ Local School (Please Submit Check)
___ Individual (Please Submit Check)
___ Other _____

___ Instructional (Check the appropriate box)

___ Extracurricular (Check the appropriate box)

___ Yes ___ No Will instructional time be consumed?
If yes, how much? _____

___ Yes ___ No Will instructional time be consumed?
If yes, how much? _____

___ Yes ___ No There has been advanced coordination with the trip site to assure intended objective can be met?

___ Yes ___ No Has the group qualified by achieving specified results in similar events?

___ Yes ___ No There has been student preparation and study concerning this trip

___ Yes ___ No Is this the next level of competition and is it sanctioned by an association or organization in which the school is a member?

___ Yes ___ No Are there children attending the field trip that have special medical requirements?

What is the purpose and how is the trip related to your program of instruction: _____

In compliance with Board Policy 6.5 concerning field trips, I am requesting permission for my students to participate in the trip identified above.

Signed: _____
Sponsoring Teacher

Date: _____

___ Approved
___ Disapproved _____
Principal

Date: _____

___ Approved
___ Disapproved _____
Director

Date: _____