Pickens County Board Of Education Date of Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Out of State/Over Night Trip Form School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Complete this form for out of state /over night tripsReminder: Out of state Field Trips must be submitted to the school board for approval at least 20 working days prior to trip. |
| Group/Class/Club/Team | Type of Trip (Example-Music, Course –related, etc.): |
| Purpose of trip: | Teacher(s) Requesting Trip |
| Destination | Date(s) & Day(s) of trip |
| Place & Loading Time: | Estimated time of arrival at designation(attach itinerary, if possible) |
| Mode of travel: ⁭ School Bus ⁭ Sp. Ed. Lift Bus⁭ Charter Bus | Departure time at destination and arrival time at school/designated place: |
| # of students: # of adults: | ⁭ A list of all students are sent to school nurse to verify any health needs or Rx needed during trip. (This list must be sent to the school nurse 2 weeks prior to trip.) |
| Name of adults or chaperones. ( Indicate staff, parent, etc.) | Are other schools in your county going to the same activity?⁭ Yes ⁭ No ⁭ Do not know |
| Name of Lodging/address if available: | Total Cost per student: |
| Any remaining cost is to be paid by:⁭ School ⁭ Club ⁭ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s Signature Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Principal’s Signature Date |

CENTRAL OFFICE APPROVAL

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| ⁭ Recommended ⁭ Not Recommended | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Signature Date |