GRAINGER COUNTY SCHOOLS
TEACHER REQUEST FORM
FIELD TRIP/ACTIVITY

Name of School: _____

Teacher(s) Requesting and Sponsoring Trip: _____

Group's Name: _____

Destination of Group: _____

Purpose of Field Trip: Reward _____ Educational _____ (if educational, how

does trip/activity relate to classroom instruction) _____

Date and Time of Departure: _____

Date and Time of Return: _____

If Group plans to stay overnight, where will they be staying? _____

Mode of Transportation: _____

If private vehicle is used, give insurance carrier, and policy number _____

Number of Student Participating: _____ (Attach List of Names)

Number of Teachers: _____ Number of Chaperones: _____ Attach List of Names on Each)

Cost Per Student: _____

Student(s) who will need medication_____(Attach list if more than one)

Itinerary (Where will you be and what time) _____

_____ (Attach detailed copy if overnight field trip)

ONE DAY FIELD TRIPS REQUEST MUST BE APPROVED BY SCHOOL PRINCIPAL

** Arrangements must be made for students not going and reported to the office one day prior to event.*

ALL SCHOOL BOARD POLICIES WILL BE STICTLY FOLLOWED, AND STRICT ADHERENCE TO ALL SCHOOL RULES WILL BE OBSEVED.

_____ _____
Teacher Signature Date Principal Signature Date

_____ _____
SPED Teacher Signature Date School Nurse Signature Date

OVERNIGHT TRIPS REQUIRE THE DIRECTOR OF SCHOOL APPROVAL…

_____ _____
Director Dates Approved by School Board