

PARENTAL PERMISSION FOR FIELD TRIP

Jefferson County Board of Education
Jefferson County High School
Dandridge TN 37725-4501
(865) 397 -3182

_____ has my permission to make an off-campus
(Name of Student)

field trip with _____
(Club/Organization) and Sponsor's Name

to _____
(Destination)

I understand the purpose of the trip is _____
_____.

The students will depart Jefferson County High School at _____ on _____
(Time) (Date)

and return at _____ on _____. The students will travel by _____
(Time) (Date) (Type Transportation)

accompanied by _____ chaperones, and that the personal expense of each
(Number)
student is \$_____.

Rules of conduct for the trip are attached.

Signature of Parent/Guardian

Date

- To be completed by school official prior to parent's signature.
- Submit to principal at least two weeks prior to trip.

Jefferson County Schools
Field Trip Request Form

School _____ Teacher _____

Class/Club _____

Date Request Submitted _____ Date of Field Trip _____

Destination _____

Time of Departure _____ *return Time _____

Method of Transportation _____

Number of Students _____ Number of Adults** _____

Educational Goal of Trip

What method will you measure the achievement of the educational goal?

*Return time – All trips must return in time for buses to be at their assigned schools for the afternoon route.

**Policy requires one adult for every 15 students.

Approved by: (Principal) _____

Transportation Department Use Only

Your driver(s) are: _____ Bus # _____
_____ Bus # _____
_____ Bus # _____

Date notified _____ Via () Fax () Phone

Submit to building principal at least two weeks prior to trip.

Jefferson County Schools

Overnight Field Trip Request

This form is used for approval of all overnight field trips. Attach a professional leave request form for each teacher who will need a substitute.

School _____

Group (Grade/Subject/Organization) _____

Number of Students* _____ Number of Adults** _____

Event and Destination _____

Departure Date _____ Day of Week _____ Time _____

Detailed itinerary, including daily curfew, must be attached.

Return Date _____ Day of Week _____ Time _____

Transportation: () Provided by parents () Arrangements made by school

If school is arranging transportation, indicate type of vehicle

() School Bus () Commercial Carrier () Private Vehicle*

*If private vehicle, school employee who made arrangements has informed drivers of their personal liability. _____(check)

Name of adults who will supervise students on the trip: (Place a check beside drivers of private vehicles. Attach list if necessary.

School Employees	Drivers	Adult Volunteers	Drivers
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List ratio of sponsors to students (minimum of 1-15) _____

Cost: Admission (per student) _____ Transportation (per student) _____
Other (per student) _____

How will these costs be defrayed? _____

Statement of rules and disciplinary consequences attached? ___Yes

Will chaperones room with students? () Yes () No If not, why?

Purpose of trip (related to curriculum or program objectives

Teacher requesting trip should submit to principal at least fifteen (15) work days prior to trip.

Requested by _____ Date submitted to principal _____

Have you made arrangements for students with special needs (lift bus, feeding, toileting, etc.)? () Yes () None needed

Will you file parent permissions slips before departing? () Yes

Principal – Forward all copies to director of schools at least ten (10) days prior to trip.

Approved by _____ Date _____

Is substitute teacher needed? () Yes () No If yes, how many: ____

For how many days each? _____

Director of Schools – Overnight request for Board action

Approved _____ Date _____