

# Neshoba County School District Field Trip Request Form

School \_\_\_\_\_ Teacher \_\_\_\_\_

Class/Club \_\_\_\_\_

Date Request Submitted \_\_\_\_\_ Date of Field Trip \_\_\_\_\_

Destination \_\_\_\_\_

Destination address \_\_\_\_\_

Destination phone \_\_\_\_\_

Time of Departure \_\_\_\_\_ \*Return Time \_\_\_\_\_

Method of Transportation \_\_\_\_\_

Number of Students \_\_\_\_\_ Number of Adults \_\_\_\_\_

(Please attach a student roster with contact information in case of emergency. Also attach a listing of adults designating chaperone(s) if applicable.)

*\* Return time: all field trips must return in time for buses to be at their assigned schools afternoon route.*

**Educational Goal of Trip (Please include relevant educational objectives):**

**Describe the methods you will use to measure the achievement of the education goal?**

**Name of Bus Driver(s):**

\_\_\_\_\_

**Route to follow:** \_\_\_\_\_

**Funding Source:** \_\_\_\_\_

Approved _____	_____	_____
Disapproved _____	Signature of Principal or Director	Date

Approved _____	_____	_____
Disapproved _____	Signature of Federal Programs Dir. (if App)	Date

Approved _____	_____	_____
Disapproved _____	Signature of Superintendent	Date

**NOTE:** This form must be completed and submitted **TWO WEEKS** in advance to the principal and must be signed by the superintendent no later than **ONE WEEK** prior to the trip. The Transportation Director must be contacted **TWO WEEKS** in advance for a Bus Permit. Any request for reimbursements must be attached to this form.