

**RANDOLPH COUNTY SCHOOLS
FIELD TRIP APPROVAL REQUEST
GRADES K-12**

(Please type and submit in duplicate)

School: _____ Date Submitted: _____

Teacher(s) Requesting Approval _____

Group Participating in Field Trip (ex: Fourth Grade, Beta Club, etc.) _____

Date(s) of Trip: _____

1) _____
Destination (Name/Address/Phone Number)

_____ Date and Time of Departure _____ Date and Time of Return

2) _____
Destination (Name/Address/Phone Number)

_____ Date and Time of Departure _____ Date and Time of Return

3) _____
Destination (Name/Address/Phone Number)

_____ Date and Time of Departure _____ Date and Time of Return

(If more space is needed to list destinations/addresses/phone numbers, please attach an additional sheet.)

How many students involved? _____ How many adults? _____

Mode of transportation: _____

Total cost per pupil: _____ Paid by: _____

Arrangements for pupil(s) unable to pay for trip expense:

*Overnight location(s)

Insurance Firm: _____

* If applicable

(Please fill out additional information on back of form)

Plans for relating this field trip to the curriculum (attached additional sheet if needed):

Specific competencies to be learned during the field trip (attach additional sheet if needed):

Follow up activities planned (attach additional sheet if needed):

Important: Office staff must have phone number and address for all field trip destinations. A cell phone must be taken on the bus or whatever the mode of transportation. Make sure the office has the cell phone number or numbers if more than one cell phone will be taken on the trip. A list of students and adults leaving on the trip should be left in the office at the time of departure.

Approved by Principal _____
Date

_____, Chairman
Approved by Chairman of School Field Trip Committee _____
Date

*Approved by Advisory Council _____
Date

*Approved by Superintendent or Designee _____
Date

*Applicable if overnight and/or out-of-state

Adopted: 5-14-90
Revised: 7-18-02
3-18-02