

SUNFLOWER COUNTY CONSOLIDATED SCHOOL DISTRICT



Field Trip Request

Date: _____

School: _____

Name of group _____

Number in group _____

Date and time of departure _____

Type of Transportation _____

Destination _____

What educational purpose does this trip serve?

How will you recover time lost in other academic areas?

How does this trip contribute to helping our students become college and career ready?

Lunch arrangements _____

Emergency arrangements _____

Provisions for students to return home if return is after dismissal hours _____

Funding Code: _____

Cost per student _____

Cost of trip _____

Number of hours of instruction missed: _____

Please list the names of the chaperones and the positions in which they serve if they are employed at the school.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Regulations

Written permission from the parent for his/ her child to take trip must be filed in the office of the principal.

One copy of request form must be filed in the office of the principal and one copy in the office of superintendent.

Name of teacher requesting trip (please print)

Signature of teacher requesting trip

Signature of principal

Date

Signature of Superintendent or Designee

Date

**Approved

Denied

**** Travel requests (SchoolDude) should not be made until the field trip has been approved by the Asst. Supt.**