

FIELD TRIP REQUEST FORM

Return this form to:
 Lee Hicks, Superintendent
 C. Armstrong, Director of Instructional Support and Services
 358 Elba Highway
 Troy, AL 36079

To be submitted 6 weeks PRIOR to the trip date. All sections are to be completed.

SCHOOL/DEPARTMENT <hr/>	PRINCIPAL/SUPERVISOR <hr/>
DATE OF REQUEST <hr/>	REQUEST SUBMITTED BY <hr/>
<hr/> <hr/> <hr/> <hr/> Employee(s) Printed Name <hr/>	<hr/> <hr/> <hr/> <hr/> Employee(s) Signature <hr/>
LOCATION OF TRIP <hr/>	TYPE OF FIELD TRIP <hr/>
DATE OF TRIP: <hr/>	OTHER STOPS TO BE MADE: <hr/>
TIME OF DEPARTURE: <hr/>	SUBJECT AREA: <hr/>
DATE & TIME OF RETURN : <hr/>	#OF CHAPERONES: <hr/>
# OF STUDENTS: <hr/>	GRADE(S): <hr/>
NURSE REQUIRED? <hr/>	MODE OF TRANSPORTATION: <hr/>
#REGULAR BUSES NEEDED: <hr/>	# HANDICAP BUSES NEEDED: <hr/>
ESTIMATED COST OF TRIP: <hr/>	COST PER STUDENT: <hr/>
REFERENCE PAGE # OF CURRICULUM GUIDE LISTING THE SUBJECT MATTER RELATED TO FIELD TRIP: (be sure to attach rationale)	
<input type="checkbox"/> APPROVED THIS SECTION TO BE COMPLETED BY <input type="checkbox"/> DENIED PRINCIPAL/SUPERVISOR: <hr/>	<input type="checkbox"/> APPROVED THIS SECTION TO BE COMPLETED BY <input type="checkbox"/> DENIED PROGRAM DIRECTOR: <hr/>
SIGNATURE _____ DATE _____ <input type="checkbox"/> APPROVED THIS SECTION TO BE COMPLETED BY <input type="checkbox"/> DENIED TRANSPORTATION SUPERVISOR: <hr/>	SIGNATURE _____ DATE _____ <input type="checkbox"/> APPROVED THIS SECTION TO BE COMPLETED BY <input type="checkbox"/> DENIED SUPERINTENDENT: <hr/>
SIGNATURE _____ DATE _____	SIGNATURE _____ DATE _____

BUS DRIVER(S) _____

*Be sure to check the list of designated certified bus drivers. If you have any questions, contact Troy City Board of Education at 566-3741.