

This form is to be emailed to Karla Latham at klatham@blountboe.net

# Blount County Schools

## Request Form

Field Trip  Activity Trip

Date submitted to Central Office

\_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL NAME				
DESTINATION (Event, City, State)				
EDUCATIONAL SIGNIFICANCE OF TRIP				
FIELD TRIP OR ACTIVITY DATE(S)	Number of days away from school: _____ Departure Date: _____ Departure time: _____ am ___ pm ___ Return Date: _____ Return time: _____ am ___ pm ___ <b>Will this trip involve an overnight stay?</b> Yes ___ No ___ If overnight, lodging arrangements: _____			
TEACHERS AND/OR STAFF WHO WILL ATTEND	<b>Teachers/Staff</b> (Print Name)	<b>Length/Sub Needed</b>	<b>Teachers/Staff</b> (Print Name)	<b>Length/Sub Needed</b>
		<input type="checkbox"/> ½ day <input type="checkbox"/> 1 day <input type="checkbox"/> No sub needed		<input type="checkbox"/> ½ day <input type="checkbox"/> 1 day <input type="checkbox"/> No sub needed
		<input type="checkbox"/> ½ day <input type="checkbox"/> 1 day <input type="checkbox"/> No sub needed		<input type="checkbox"/> ½ day <input type="checkbox"/> 1 day <input type="checkbox"/> No sub needed
		<input type="checkbox"/> ½ day <input type="checkbox"/> 1 day <input type="checkbox"/> No sub needed		<input type="checkbox"/> ½ day <input type="checkbox"/> 1 day <input type="checkbox"/> No sub needed
		<input type="checkbox"/> ½ day <input type="checkbox"/> 1 day <input type="checkbox"/> No sub needed		<input type="checkbox"/> ½ day <input type="checkbox"/> 1 day <input type="checkbox"/> No sub needed

All activities should be well planned and be of educational significance. A parent permission statement must be obtained for each student. A trip for boys and girls should have an adult man or woman present. Field trip requests must be submitted to the principal at least 10 days in advance of the regular Board meeting. Request for overnight trips should be made 90 days prior to the trip or as far in advance as possible.

FIELD TRIP/ ACTIVITY SPONSOR		Grade/Class/Sport	
NUMBER OF STUDENTS	_____ M _____ F	Cost per Student	\$ _____
PARENT CHAPERONES	(Use additional sheet if necessary. Provide email addresses for chaperones of overnight trips.)		
TRANSPORTATION (Bus Driver and mileage will be paid from field trip/activity funds.)	<input type="checkbox"/> Regular School bus (Names of bus drivers _____ ) <input type="checkbox"/> School Activity bus (Names of bus drivers _____ ) <i>Extracurricular Trip Report must be completed by bus driver if driving a Blount County School bus.</i> <input type="checkbox"/> Chartered bus (please provide Contract for Board Approval and Bus Insurance Certification) <input type="checkbox"/> Private car driven by school employee (employee names): _____		
SPECIAL NEEDS/ MEDICAL CONDITIONS	Are there any special needs or medical conditions? Yes ___ No ___ If so, how will it be addressed: _____ School nurse confirmation: _____ (initial)		
FUND SOURCE used to pay substitute teachers, nurses, etc. (if needed)	<input type="checkbox"/> Kindergarten Field Trip 1100-335-6001-0-1100-5014 <input type="checkbox"/> Elementary Field Trip 1100-335-6001-0-1200-5014 <input type="checkbox"/> High School Field Trip 1100-335-6001-0-1500-5014	<input type="checkbox"/> Band Trip 1100-335-6001-0-4400-5014 <input type="checkbox"/> Athletic Trip 1100-335-6001-0-4500-5014 <input type="checkbox"/> FFA Trip 1100-335-6001-0-3800-5014 <input type="checkbox"/> FCLA Trip 1100-335-6001-0-3700-5014	
	or fund source provided by School Bookkeeper:		

Date: \_\_\_\_\_  Approved  Not Approved

Date: \_\_\_\_\_  Approved  Not Approved

Principal Signature \_\_\_\_\_

Superintendent Signature \_\_\_\_\_