

FIELD STUDY REQUEST

Field Trip System Data Entry Completed: _____

Revised
9/272012

NOTE: Please submit one field study request form per field study. Students who participate in field study must have written parent permission. Bus roster and emergency contact numbers must be with teacher in charge of field study. All overnight field study and out of state day field study requests must be approved by the Superintendent prior to the study. Out of Country field study requests require Board of Trustees approval. The signature dates must be in sequential order. First semester overnight requests must be submitted by September 30. Second semester overnight requests must be submitted by January 31. Local field study requests must be submitted to the building principal at least 2 weeks in advance. Requests may not be submitted at other times unless they are for academic, club, or sports competitions.

Check all that apply:				<input type="checkbox"/> In-State	<input type="checkbox"/> Out-of-State	<input type="checkbox"/> Day	<input type="checkbox"/> Overnight	Competition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Person in Charge of Group			Class Requesting Trip:			School:		Dates of Trip:		
Destination (attach itinerary):			Destination City/State:			Destination contact phone number:				
Number of Student Attending: _____			Teacher Chaperones Attending: _____			Adult/Parent Chaperones Attending: (1 chaperone per 10 students):		Will students be eating lunch in cafeteria? <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____ Background Check Completed <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ Background Check Completed <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ Background Check Completed <input type="checkbox"/> Yes <input type="checkbox"/> No		Classroom Time Lost: _____		
_____ Background Check Completed <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ Background Check Completed <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ Background Check Completed <input type="checkbox"/> Yes <input type="checkbox"/> No		Will a substitute teacher be required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____ Background Check Completed <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ Background Check Completed <input type="checkbox"/> Yes <input type="checkbox"/> No			_____ Background Check Completed <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list dates:		
								Full Day _____		
								Half Day (a.m.) _____		
								Half Day (p.m.) _____		
(Please attach a list of additional names with background check information on separate sheet of paper if needed)										
Topic being studied:						Cost per student:				
						Payment Plan Available? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Objectives of this trip in relation to topic :						Funding Source (fundraiser, school activity fund, student):				
Educational preparations for this trip:						Scholarship Available? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Follow-up plans and activities:										
Transportation Information: <input type="checkbox"/> No Transportation Needed <input type="checkbox"/> Activity Bus # needed: _____ <input type="checkbox"/> Van/Mini Bus # needed: _____ <input type="checkbox"/> Charter Bus										
Driver furnished by Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No, If no, list driver name: _____										
Pick up time: _____ Return time: _____ Number of Students: _____ Number of Adults: _____ Wheelchair: <input type="checkbox"/> Yes <input type="checkbox"/> No										
Plan of Payment – TRANSPORTATION ONLY: (Does not include admission, meals, etc.) <input type="checkbox"/> School District <input type="checkbox"/> School Activity Fund <input type="checkbox"/> Students <input type="checkbox"/> Other, specify: _____										
Account Number to Charge: _____										
Building Principal Approval (Required for all requests)						Board of Trustees Approval (Required for out-of-country requests)				
_____ Date _____						_____ Date _____				
Superintendent Approval (Required for all overnight and out of state day requests)						Copies to: Building Principal's Office, Requesting Staff Member, Planning Dept., Transportation, Building Cafeteria Manager (if needed)				
_____ Date _____										