

GADSDEN CITY SCHOOLS FIELD TRIP REQUEST FOR APPROVAL

All field trips must be approved by Gadsden City Board of Education Central Office Personnel.

Check Type	Type of Field Trip	# days required for approval
<input type="checkbox"/>	Local	30-days
<input type="checkbox"/>	In-State (1 day)	30-days
<input type="checkbox"/>	In-State (overnight)	30-days
<input type="checkbox"/>	Out-of-State (1 day)	30-days
<input type="checkbox"/>	Out-of-State (overnight)	45-days (requires Board approval)

An initial list of students participating must be attached to this request. Prior to departure, a final list of participating students must be submitted to the principal's office AND nurse. Notification of approval or denial will be sent to the person submitting the request and the principal.

Today's Date: _____ School Name: **Select One**

Name of Class/Group: _____ Destination (include stops): _____

Date(s) of Trip: _____ Departure Time: _____ Return Time: _____

Brief Description of the Educational Learning Experience: _____

Number of Students: _____ Number of Chaperones: _____ Number of School Days Missed: _____

Admission \$: _____ Transportation \$: _____ Food \$: _____ Lodging \$: _____

Sub(s) \$ _____ **Total Estimated Cost of Trip \$:** _____ Cost of Trip per person: \$ _____

Amount Charged to Students \$ _____ (Purchase order numbers will be added once approved.)

Funding Source(s): _____ PO#: _____

Funding Source(s): _____ PO#: _____

My signature indicates I understand deposits, registrations, or other expenditures will not be paid until the school activity account or district funding account has sufficient funds to cover the expense.

Requesting Teacher's Signature

Principal's Signature of Approval

Elementary: Approved by Sharon Maness

Secondary: Approved by Marcia Farabee

Approved by Funding Supervisor

Approved by Superintendent

For out-of-state (overnight) trips the GCBOE: Approved Denied **Date of Action:** _____

FIELD TRIP ATTACHMENT FOR FIELD TRIP REQUEST

Trip Date: _____
School: _____ Select One
Destination: _____

A. CHAPERONE LIST

Include all certified teachers and staff attending.

Name	Sub Required?	Frontline Confirmation #
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Estimated Number of parents attending (if any): _____

Sub GL# _____

Sub GL# _____

B. DETAILED ITINERARY

Schedule of times leaving, returning, other stops, etc.



SUBMIT