**FILE: IFCB-R**

**BULLOCK COUNTY BOARD OF EDUCATION**

**UNION SPRINGS, ALABAMA**

**FIELD TRIP REQUEST FORM**

**Note**: **This form must be completed by personnel sponsoring any school activity to be conducted away from the school premises ten (10) days in advance of the proposed activity.**

SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECK ONE: ( ) Within County ( ) Within State ( ) Out-of-State

TYPE OF FIELD TRIP (Check One): ( ) Academic (Other than Athletic/Band/Music)

 ( ) Athletic ( ) Band ( ) Music ( ) Other

DESTINATION FOR TRIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESTINATION FOR MEALS (BREAKFAST and/or LUNCH): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL MEALS NEEDED: \_\_\_\_\_YES \_\_\_\_\_NO (Please contact CNP Director)

PROPOSED DATE(S) OF TRIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADES/GROUPS INCLUDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF STUDENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER OF CHAPERONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTURE TIME FROM SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ RETURN TIME TO SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MODE OF TRANSPORTATION: ( ) School Bus (Regular)\*\* ( ) School Bus (Sp. Needs)\*\* ( ) Walk

(Check One) ( ) Commercial Bus ( ) Private Cars ( ) Van

\*\* If school buses are to be used, indicate number needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FUNDS (Trip is paid from):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATIONAL OBJECTIVE(S) AND/OR PURPOSE OF THE ACTIVITY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINCIPAL’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CHECK ONE) ( ) APPROVED ( ) DISAPPROVED

TRANSPORTATION SUPERVISOR’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CHECK ONE) ( ) APPROVED ( ) DISAPPROVED

SUPERINTENDENT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CHECK ONE) ( ) APPROVED ( ) DISAPPROVED

BOARD APPROVAL (Out-of-State and/or Overnight) ( ) YES ( ) NO

Note: Students participating in any activity away from the school premises must have a Parental Authorization

and Release Form on file for each such activity.**Revised 6/21/2019**