

HAMILTON COUNTY SCHOOLS

Request for Field Trip Approval

Day **Overnight** (Must go to Board for Approval) Today's Date: _____

Exceptional Ed Learning Community PreK

School _____ Grade/Group/Team _____

Departure Date/Time _____ Return Date/Time _____

Event/Venue _____ Address _____

Instructional value _____

Evaluation _____

Fee Requested \$ _____ How Acquired? _____

Total # of Students _____ Total # of Staff _____ Total # of Chaperones _____ Nurse Required: Yes No

Number of subs needed _____ Funding source for subs _____

- Total # of Students with 504 Plan _____ Modifications Needed _____
- Total # of Students with Disabilities _____ Modifications Needed _____

Transportation: The PRINCIPAL is responsible for verifying that ALL drivers are properly licensed and insured.

- County School Bus Cost \$ _____ Bus # _____ Driver's Name _____
- Handicap Accessible Bus Cost \$ _____
- Charter Bus (**Board Approved**) _____ Cost \$ _____
- Cars List Driver(s) _____ Cost \$ _____

WRITTEN parental permission (and medical information, if overnight) for each student is required and must be received before the student is permitted to attend.

List Chaperones:

Staff: _____

Chaperones: _____

Background checks on non HCDE employee chaperones with unsupervised contact with students. Have you complied? Yes

***Overnight Field Trips**

- *Number of students not attending for economic reasons _____
- *Number of trips this group expects to take which will require funds _____
- *Estimated cost to parent support groups for this trip \$ _____
- *Projects students have undertaken to secure funds _____
- *Co-ed trips require co-ed chaperones. Have you complied? Yes
- *Travel itinerary attached with name/address of accommodations Yes

Teacher's Signature:	Date:
Principal's Signature:	Date:
LC Superintendent's Signature:	Date:

SEND TO APPROPRIATE COMMUNITY SUPERINTENDENT FOR APPROVAL