

**JASPER COUNTY SCHOOL DISTRICT
FIELD TRIP REQUEST FORM**

Name of school _____ Date submitted _____

Trip coordinator/sponsor _____

Class/Club/Organization _____

Destination _____

Curriculum objective(s) to be accomplished _____

Leaving from _____ on _____ at _____

Returning from _____ on _____ at _____

Total trip cost per student - \$ _____ (see breakdown below)

(Admission _____ Bus _____ Food _____ Other-Specify (_____))

Number of students in class/club/organization _____

Number of chaperones (minimum 1 per 10 students) _____

Trip coordinator/sponsor _____

Signature

Approved _____ Disapproved _____

Principal's signature

Approved _____ Disapproved _____

Superintendent signature

Date approved by board (if applicable)

NOTE: ALL OVERNIGHT AND OUT-OF-STATE TRIPS MUST HAVE BOARD APPROVAL