



RICHLAND COUNTY SCHOOL DISTRICT ONE

SCHOOL ACTIVITY/FIELD TRIP REQUEST



The teacher/sponsor of the proposed trip must complete the information below for requests of all local trips, trips that are out-of-the-city, overnight or out-of-state. Requests for local trips must be submitted to transportation **14** days prior to the trip. Requests for trips out-of-the-city, overnight or out-of-state must be submitted to the appropriate Cabinet level administrator(s) for final approval 30 calendar days prior to the trip. No trips will be approved after April 30th of the current school year. Policy – IJDA/IJDA-R

School/Department: _____ Date of Request: _____

Teacher/Sponsor/Requestor: _____ Contact Number(s): _____

Purpose of Trip: Outline below or attach educational objectives of the activity, pre and post trip activities, the relationship of the activity to organization or course, and itinerary.

Activity: _____ Destination: _____
(Type of Activity: i.e., Track; Band; Debate Team; ROTC, Etc.)

Destination Address: _____
(Street) (City) (State)

Proposed Departure: _____ Pick Up Point: _____
(Day) (Month) (Date) (i.e., School, Wal-Mart Parking Lot, etc.)

Proposed Return: _____ Return Point: _____
(Day) (Month) (Date) (i.e., School, Wal-Mart Parking Lot, etc.)

Specify Grade(s): Pre-K/Pre-CD: _____ Elementary: _____ Middle: _____ High: _____

of Girls: _____ # of Boys: _____ # of Chaperone(s): _____ # of Wheelchairs: _____

Transportation: None North Main Lower Richland Plane: _____ Other: _____

Charter: _____ Car: _____
(Charter Bus Company) (Insurance Company) (Policy #)

Requested Bus Arrival Time at School: _____ AM PM Bus Return Time to School: _____ AM PM

Funding Source: _____ Cost of Trip: _____
(Account Code)

Additional Coordinating Instructions: (i.e., Additional stops; Meals/Box lunches; etc.)

Chaperone(s): Attach complete student manifest document upon submission.

Name, address, and phone of lodging (for overnight trips only).

Name(s)	Position(s)

Teacher's/Sponsor's Signature: _____ Date: _____

Approved By: _____
Principal Date Executive Director Date

Approved By: _____
Chief of Teaching and Learning Date Superintendent (Out-of-Country Trips) Date

STS USE ONLY

Field Trip Number(s): _____ Driver(s) Assigned: _____ Bus(es) Assigned: _____