

**YADKIN COUNTY SCHOOLS**

**FIELD TRIP REQUEST FORM**

Date Submitted \_\_\_\_\_ Date of Proposed Activity \_\_\_\_\_

This form must be submitted in duplicate to the school principal two (2) weeks/ten (10) school days prior to the scheduled date of the field trip. Overnight/out of state field trips require Board of Education approval and must be submitted thirty (30) days in advance of date of activity.

Teacher's Name \_\_\_\_\_ School/Assignment \_\_\_\_\_

Field Trip Destination (City) \_\_\_\_\_ Event \_\_\_\_\_

Student Group \_\_\_\_\_

Purpose of Trip (Specifically as it relates to classroom activities) \_\_\_\_\_

\_\_\_\_\_

Number of Students Involved \_\_\_\_\_ Number of Adults Accompanying \_\_\_\_\_

Means of Transportation: Activity Bus \_\_\_\_\_ School Bus \_\_\_\_\_ Cars \_\_\_\_\_ Other (list) \_\_\_\_\_

Cost to Students \_\_\_\_\_ Cost of Field Trip \_\_\_\_\_

Method of Financing \_\_\_\_\_

Is this Activity Required? \_\_\_\_\_ Or Optional? \_\_\_\_\_

Date and Time of Departure \_\_\_\_\_ Date and Approximate Time of Return \_\_\_\_\_

Assurances: The above described activity is a planned activity to complement classroom instruction or to enhance an athletic activity/event. Parental permission has been obtained as required on Field Trip and Medical Treatment Consent Form. Travel arrangements, if required, have been finalized.

Teacher's Signature \_\_\_\_\_ Principal's Signature \_\_\_\_\_

Superintendent's Approval \_\_\_\_\_ Board of Education Approval \_\_\_\_\_  
for overnight trips

Cafeteria Manager's Signature \_\_\_\_\_

**NOTE:** A list of students should be attached to this form. Forms shall be kept in supervising teacher's possession for duration of field trip and on file for one school year.

List below all adults who will be accompanying students on this trip.  
Chaperones (please list):

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that reasonable and necessary financial provisions have been made for any members of this group who are unable to pay any required cost for this field trip. This certification is made pursuant to Yadkin County Board of Education Policy No. 3320.

\_\_\_\_\_  
(Teacher's Signature)

List here all students who will be going on the trip. Please alphabetize.

1 _____	19 _____	37 _____
2 _____	20 _____	38 _____
3 _____	21 _____	39 _____
4 _____	22 _____	40 _____
5 _____	23 _____	41 _____
6 _____	24 _____	42 _____
7 _____	25 _____	43 _____
8 _____	26 _____	44 _____
9 _____	27 _____	45 _____
10 _____	28 _____	46 _____
11 _____	29 _____	47 _____
12 _____	30 _____	48 _____
13 _____	31 _____	49 _____
14 _____	32 _____	50 _____
15 _____	33 _____	51 _____
16 _____	34 _____	52 _____
17 _____	35 _____	53 _____
18 _____	36 _____	54 _____