**GADSDEN CITY SCHOOLS**

**FIELD TRIP REQUEST FOR APPROVAL**

**All field trips must be approved by Gadsden City Board of Education Central Office Personnel.**

**Out-of-State (overnight) must be approved by Superintendent and Gadsden City Board of Education.**

|  |  |  |
| --- | --- | --- |
| **Check Type** | **Type of Field Trip** | **# days required for approval** |
|  | Local | 30-days |
|  | In-State (1 day) | 30-days |
|  | In-State (overnight) | 30-days |
|  | Out-of-State (1 day) | 30-days |
|  | Out-of-State (overnight) | 45-days (requires Board approval) |

**A list of the names of chaperones attending this trip, a detailed itinerary and a breakdown of the estimated costs must be attached to this request. Prior to departure, a final list of participating students must be submitted to the principal’s office.**

**Notification of approval or disapproval will be sent to the person submitting the request and the principal.**

Date of Request: \_\_\_ / / \_\_ / Name of Class/Group:

Destination(s):

Brief Description of the Educational Learning Experience:

Date(s) of Trip: From \_\_\_ / / \_\_ / to \_\_\_ / / \_\_ /

Number of Students Involved: \_\_\_\_\_\_\_\_\_\_\_ Number of Chaperones: \_\_\_\_\_\_\_\_\_\_

Number of Days of Trip: \_\_\_\_\_\_\_\_\_\_ Number of School Days Missed: \_\_\_\_\_\_\_\_\_

Cost of Trip per person: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Estimated Cost of Trip: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Source(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My signature indicates I understand deposits, registrations or other expenditures will not be paid** until the school activity account has sufficient funds to cover the expense. I will follow all bookkeeping guidelines.

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

**Requesting Teacher’s Signature Principal’s Signature of Approval**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Always send request to Sharon Maness for elementary and Marcia Farabee for secondary.**

**Elementary: Approved by Sharon Maness Date**

**Secondary: Approved by Marcia Farabee Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved by Superintendent Date**

**For out-of-state (overnight) trips the GCBOE: □ Approved □ Denied Date of Action:**