GADSDEN CITY SCHOOLS FIELD TRIP REQUEST FOR APPROVAL

<u>All field trips</u> must be approved by Gadsden City Board of Education Central Office Personnel.

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)

An initial list of students participating must be attached to this request. Prior to departure, a final list of participating students must be submitted to the principal's office AND nurse. Notification of approval or denial will be sent to the person submitting the request and the principal.								
Date of Request:///	School Name:							
Name of Class/Group:	Destination (include stops):							
Date(s) of Trip:	Departure Time: Return Time:							
Brief Description of the Educational Learning Experience:								
Number of Students: Number of Chaperon	nes:	Numbe	er of School	Days Missed:				
Admission \$ Transportation \$								
Other \$ Total Estimated Cost of 1								
Amount Charged to Students \$	(Purch	ase orde	er numbers	can be added onc	e approved.)			
Funding Source(s):	PO#:							
Funding Source(s):	PO#: _	PO#:						
My signature indicates I understand deposits, registrations, or other expenditures will not be paid until the school activity account or district funding account has sufficient funds to cover the expense.								
Requesting Teacher's Signature	-	Principal's Signature of Approval						
Date: Date:								
Elementary: Approved by Sharon Maness			Date		_			
Secondary: Approved by Marcia Farabee / Funding Supervis	sor		Date		_			
Approved by Superintendent			Date					
For out-of-state (overnight) trips the GCBOE: Approved Denied Date of Action:								

FIELD TRIP ATTACHMENT FOR FIELD TRIP REQUEST

A. CHAPERONE LIST

Include all certified teachers and staff attending.

Trip Date:		
School:		
Destination:		

Name	Sub Required?	Frontline Confirmation #		
	🗌 Yes 🔲 No			
	🗌 Yes 🔲 No			
	🗌 Yes 🔲 No			
	🗌 Yes 🔲 No			
	🗌 Yes 🔲 No			
	🗌 Yes 🔲 No			
	🗌 Yes 🔲 No			
	🗌 Yes 🔲 No			
	🗌 Yes 🔲 No			
	🗌 Yes 🔲 No			
	🗌 Yes 🔲 No			
	🗌 Yes 🔲 No			
Estimated Number of pa	rents attending if any:			
Sub GL#	· · · ·			

Sub GL#

B. DETAILED ITINERARY

Schedule of times leaving, returning, other stops, etc.