

Field Trip Procedure

Allow approximately 3 weeks to complete these steps. Incomplete forms cannot be processed.

Step #1: Review the Board Policy [FILE IFCB](#) concerning Field Trips.

Step #2: Submit the following four forms to bookkeeper and await notification of permission.

- (a) If using district transportation, complete [Field Trip Information Sheet](#) provided.
- (b) If using district transportation, complete [Activity Transportation Form](#) provided, type information into top portion only.
- (c) Type information into the [Field Trip Request Form](#) on provided and sign as sponsoring teacher.
- (d) Type information into the top portion of the [Field Trip Permission Slip](#) provided.

Step #3: Given permission for trip, complete [Requisition for Purchase Order](#) if needed.

Complete **requisition for purchase order**. Be certain vender will take P.O. and double check that the vendor name is correct. Check will be issued to "Vendor Name". Vendor names on purchase orders cannot be changed. Return completed forms to bookkeeper.

Step #4: Distribute and collect forms from parent/guardian.

- (a) Field Trip Permission Slip bottom portion (having been previously completed by you and now signed by principal), is to be completed by parent/guardian and returned to trip supervisor.
- (b) If Overnight or Out-of-town trip, have students complete the [Out-of-town Field Trip Medical Release Form](#) provided.

Step #5: Collecting Trip Monies

- (a) \$5 or less per student, you may use [Receipt Log](#) provided.
- (b) \$5 or more per student, see bookkeeper for receipt sheet.

Note: You will need to provide a total for amount of money receipted each time you turn in money to bookkeeper.

Also, any amount over \$100 must be receipted and turned in to bookkeeper by 10:00 on the day of collection per district procedure.

MADISON CITY SCHOOLS

Field Trip Information Sheet



Teacher Name: _____ Grade _____

Date(s) of Trip _____

Location/Vendor: _____ (If more than 1 vendor, list on page 2)

Vendor Takes: P.O. CHECK

Admission Charge/Per Student: \$ _____

Admission Charge/Per Chaperone: \$ _____

Other: \$ _____

Additional charges for meals, t-shirts, travel, etc., explain below:

TRANSPORTATION

Email lead bus driver for school bus transportation cost

Transportation cost of **School Bus** trip per student: \$ _____

Transportation cost of **Chartered Bus** trip per student: \$ _____



Please Note: Public Funds cannot purchase snacks, lunches, etc. for trips

Total Field Trip Cost per Student: \$

Total Field Trip Cost per Chaperone: \$

Principal Approval

Office Use Only

Total Amount \$ expected to Receive _____

expected # Students attending _____

Total Amount \$ Received: _____

expected # paid Chaperones attending _____

Total Amount \$ Expended: _____

Difference +, - _____

_____ Bookkeeper Initial

VENDOR LISTING

Location/Vendor	Adm Chg Student	Adm Chg Chaperone	Type of Payment P.O./Check
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

RECEIPTS (regarding trip)

Log # _____	Rec# _____	to _____
Log # _____	Rec# _____	to _____
Log # _____	Rec# _____	to _____
Log # _____	Rec# _____	to _____
Log # _____	Rec# _____	to _____
Log # _____	Rec# _____	to _____

SCHOLARSHIPS

Student Name	Amount Funded
_____	\$ _____
_____	\$ _____
_____	\$ _____

FUND RAISERS

<u>Fund Raiser</u>	<u>Donations</u>
Amount Raised for Trip \$ _____	Total Amount Donated \$ _____
Attach copies of fund raiser forms for this trip	Attach copies of donations for this trip

**MADISON CITY SCHOOLS
ACTIVITY TRANSPORTATION FORM**

MUST BE SUBMITTED TWO WEEKS IN ADVANCE

1. REQUEST

School/Organization: _____

Number of Riders: _____ Regular Bus: _____ Mini Bus: _____

Person in Charge of Trip: _____ Phone# _____

Destination of Trip: _____

Date Needed: _____ Depart Time: _____ Return Time: _____

Fund to Be Charged: _____

Note: Trip request will not be processed without an assigned fund.

_____ *or* _____

Principal's Signature

Department Head's Signature

2. CENTRAL OFFICE APPROVAL: _____ **DATE** _____

___ In State ___ Out of State ___ Overnight

Madison City Schools Field Trip Request

Teacher: _____ School: _____

Destination: _____

Date From: _____ To: _____

Departure Time: _____ Return Time: _____ Number of Students: _____ Grade: _____

Teacher(s)/Staff Attending Trip: _____

Chaperone(s): _____

Type of Transportation: _____ Teacher/Chaperone to Student Ratio: _____

How will class be covered? (Check One)

Funding Source: (Check One)

___ Substitute ___ In House

___ School System
___ Local School (Please Submit Check)
___ Individual (Please Submit Check)
___ Other _____

___ Instructional (Check the appropriate box)

___ Extracurricular (Check the appropriate box)

___ Yes ___ No Will instructional time be consumed?
If yes, how much? _____

___ Yes ___ No Will instructional time be consumed?
If yes, how much? _____

___ Yes ___ No There has been advanced coordination with the trip site to assure intended objective can be met?

___ Yes ___ No Has the group qualified by achieving specified results in similar events?

___ Yes ___ No There has been student preparation and study concerning this trip

___ Yes ___ No Is this the next level of competition and is it sanctioned by an association or organization in which the school is a member?

___ Yes ___ No Are there children attending the field trip that have special medical requirements?

What is the purpose and how is the trip related to your program of instruction: _____

In compliance with Board Policy [FILE IFCB](#) concerning field trips, I am requesting permission for my students to participate in the trip identified above.

Signed: _____
Sponsoring Teacher

Date: _____

___ Approved
___ Disapproved _____
Principal

Date: _____

___ Approved
___ Disapproved _____
Director

Date: _____

Madison City Schools

Field Trip Permission Slip

School: _____ Grade: _____ Date: _____

Memorandum to Parents:

On _____ our class will be taking a field trip to _____
Date Name of Place

At _____ at approximately _____ o'clock.
Location Time

To _____ at approximately _____ o'clock
Place of Return Time

Mode of Transportation: _____.

We would like for your child to accompany us on our trip. Supervision will be provided for all students. Your child is expected to follow all school/classroom rules.

In event of a date change you will not receive another permission slip, however, you will be notified of the change.

Please complete, sign and return the lower portion no later than _____.
Date

Teacher's Signature

Principal's Signature

Madison City Schools Field Trip Permission Slip

Teacher Name _____ School _____

I wish I do not wish

To give my permission for my child _____
Child's Name

To accompany your group on the field trip to _____
Name of Place

At _____ on _____
Location Date of Trip

Does your child have any medical problems and/or allergies that we should be aware of?

Will your child require any medication on this field trip? _____

Name of Insurance Company: _____

The Madison City School System has my permission to seek any medical treatment necessary for my child during a school-sponsored field trip.

Parent's Contact Number: _____

Signature of Parent of Guardian

Date

RECEIPT LOG
\$5.00 or Less

Activity _____
Date

Teacher Name

Received From	For	Amount	Cash	Check #	Received By:

Teacher's Signature _____

Total Dollar Amount \$ _____

Bookkeeper's Signature: _____