

Neshoba County School District Field Trip Request Form

School _____ Teacher _____

Class/Club _____

Date Request Submitted _____ Date of Field Trip _____

Destination _____

Destination address _____

Destination phone _____

Time of Departure _____ *Return Time _____

Method of Transportation _____

Number of Students _____ Number of Adults _____

(Please attach a student roster with contact information in case of emergency. Also attach a listing of adults designating chaperone(s) if applicable.)

** **Return time:** all field trips must return in time for buses to be at their assigned schools afternoon route.*

Educational Goal of Trip (Please include relevant educational objectives):

Describe the methods you will use to measure the achievement of the education goal?

Name of Bus Driver(s):

Route to follow: _____

Funding Source: _____

Approved _____	_____	_____
Disapproved _____	Signature of Principal or Director	Date

Approved _____	_____	_____
Disapproved _____	Signature of Federal Programs Dir. (if App)	Date

Approved _____	_____	_____
Disapproved _____	Signature of Superintendent	Date

NOTE: This form must be completed and submitted **TWO WEEKS** in advance to the principal and must be signed by the superintendent no later than **ONE WEEK** prior to the trip. The Transportation Director must be contacted **TWO WEEKS** in advance for a Bus Permit. Any request for reimbursements must be attached to this form.