



# RICHLAND COUNTY SCHOOL DISTRICT ONE

## SCHOOL ACTIVITY/FIELD TRIP REQUEST



The teacher/sponsor of the proposed trip must complete the information below for requests of all local trips, trips that are out-of-the-city, overnight or out-of-state. Requests for local trips must be submitted to transportation **14** days prior to the trip. Requests for trips out-of-the-city, overnight or out-of-state must be submitted to the appropriate Cabinet level administrator(s) for final approval 30 calendar days prior to the trip. No trips will be approved after April 30<sup>th</sup> of the current school year. Policy – IJDA/IJDA-R

School/Department: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Teacher/Sponsor/Requestor: \_\_\_\_\_ Contact Number(s): \_\_\_\_\_

Purpose of Trip: Outline below or attach educational objectives of the activity, pre and post trip activities, the relationship of the activity to organization or course, and itinerary.

Activity: \_\_\_\_\_ Destination: \_\_\_\_\_  
(Type of Activity: i.e., Track; Band; Debate Team; ROTC, Etc.)

Destination Address: \_\_\_\_\_  
(Street) (City) (State)

Proposed Departure: \_\_\_\_\_ Pick Up Point: \_\_\_\_\_  
(Day) (Month) (Date) (i.e., School, Wal-Mart Parking Lot, etc.)

Proposed Return: \_\_\_\_\_ Return Point: \_\_\_\_\_  
(Day) (Month) (Date) (i.e., School, Wal-Mart Parking Lot, etc.)

Specify Grade(s): Pre-K/Pre-CD: \_\_\_\_\_ Elementary: \_\_\_\_\_ Middle: \_\_\_\_\_ High: \_\_\_\_\_

# of Girls: \_\_\_\_\_ # of Boys: \_\_\_\_\_ # of Chaperone(s): \_\_\_\_\_ # of Wheelchairs: \_\_\_\_\_

Transportation:  None  North Main  Lower Richland  Plane: \_\_\_\_\_  Other: \_\_\_\_\_

Charter: \_\_\_\_\_  Car: \_\_\_\_\_  
(Charter Bus Company) (Insurance Company) (Policy #)

Requested Bus Arrival Time at School: \_\_\_\_\_  AM  PM Bus Return Time to School: \_\_\_\_\_  AM  PM

Funding Source: \_\_\_\_\_ Cost of Trip: \_\_\_\_\_  
(Account Code)

Additional Coordinating Instructions: (i.e., Additional stops; Meals/Box lunches; etc.)

Chaperone(s): Attach complete student manifest document upon submission.

Name, address, and phone of lodging (for overnight trips only).

Name(s)	Position(s)

Teacher's/Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Principal Date Executive Director Date

Approved By: \_\_\_\_\_  
Chief of Teaching and Learning Date Superintendent Date  
(Out-of-Country Trips)

**STS USE ONLY**

Field Trip Number(s): \_\_\_\_\_ Driver(s) Assigned: \_\_\_\_\_ Bus(es) Assigned: \_\_\_\_\_