

JACKSON PUBLIC SCHOOLS  
Jackson, Mississippi

FIELD TRIP REQUEST (Local)

School \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Destination \_\_\_\_\_

Address \_\_\_\_\_

Instructional Objective: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Departure \_\_\_\_\_ Time of Departure \_\_\_\_\_

Date of Return \_\_\_\_\_ Time of Return \_\_\_\_\_

Number to be Transported \_\_\_\_\_ Number of Buses Needed \_\_\_\_\_

Transportation Cost of Trip \_\_\_\_\_ Admission Cost \_\_\_\_\_ Total Cost Per Child \_\_\_\_\_

Parent Permission Forms Signed \_\_\_\_\_ Money Receipted \_\_\_\_\_ Cafeteria Notified \_\_\_\_\_

Names of Chaperones: \_\_\_\_\_

\_\_\_\_\_

Funding Source \_\_\_\_\_ Budget String \_\_\_\_\_  
(Student, District, Safe and Drug Free, Title I, Eisenhower, Curriculum, Other \_\_\_\_\_)

Approved By:

Date

\_\_\_\_\_  
Principal

\_\_\_\_\_

\_\_\_\_\_  
Executive Director Middle Schools

\_\_\_\_\_

\_\_\_\_\_  
Director of Transportation

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