

**Greenville County Schools
Field Trip Request Form**

School: _____

To: _____, Principal

From: _____ (Teacher's Name)

Date Submitted: _____

The following information is submitted for your consideration and approval of a field trip:

1. Date of Departure: _____

Time of Departure: _____

2. Number of Days: _____ Number of Nights _____

3. Destination: _____

4. Date of Return: _____

Time of Return: _____

5. Number of Students: _____

6. Method(s) of transportation: _____

7. Person in charge of arrangements: _____

8. Cost per student and method of defraying expenses (if applicable): _____

9. Please provide a brief statement that describes the purpose of this trip and its relationship to the educational program involved to include pertinent information such as instructional standards addressed, follow up activities, etc.

10. Names of adults supervising this trip_____

11. Contact name and phone number during trip in the event of an emergency

12. Itinerary_____

14. For overnight trips, the following additional information is required:

Name of Hotel_____

Hotel Address_____

15. Plan for students not participating_____

16. Names of adults to supervise students not participating_____

Teacher's Signature

Date

Principal's Signature

Date

Superintendent's Signature
(Required for out-of-country trips or unusually high cost trips)

Date