

# GALLIPOLIS CITY SCHOOLS

## FIELD TRIP REQUEST FORM

Teacher(s) \_\_\_\_\_ Grade/Subject \_\_\_\_\_

GAHS     GAMS/CAS     Green Elem     Rio Grande Elem     Washington Elem

Field Trip Destination \_\_\_\_\_ Date of Trip \_\_\_\_\_

Number of Buses \_\_\_\_\_ Location of Departure \_\_\_\_\_

Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Meal Stop                       Restroom/Break                       Overnight

Names of Chaperons \_\_\_\_\_

1. Purpose of trip/goals: \_\_\_\_\_

\_\_\_\_\_

2. Academic Content Standards and Pre-trip activities: \_\_\_\_\_

\_\_\_\_\_

3. Field trip activities: \_\_\_\_\_

\_\_\_\_\_

4. Post-trip activities: \_\_\_\_\_

\_\_\_\_\_

5. Student admission/entrance fees: \_\_\_\_\_

6. Club/organization/person/account responsible for payment of transportation costs:

\_\_\_\_\_

School Nurse notified for medications     Yes     No    Date notified \_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor                      Date

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Principal/Supervisor's Recommendation

Granted     Denied     \_\_\_\_\_

Signature of Principal/Supervisor                      Date

Superintendent's Recommendation

Granted     Denied     \_\_\_\_\_

Signature of Superintendent                      Date

**Pending Board Approval**                      Approved \_\_\_\_\_

Transportation confirmed: (Copy to Requestor)	_____
	Signature of Transportation Supervisor    Date