Overnight Field Trip	Yes	No
----------------------	-----	----

Date Received	lin	Central	Office
---------------	-----	---------	--------

TIPTON COUNTY SCHOOLS FIELD TRIP REQUEST

*All Over Night Field Trips <u>must be</u> Board approved. A Field Trip Agenda must be attached to the Field Trip Request. Over Night trips <u>must be</u> received in the Central Office <u>one week prior to the monthly board meeting</u>. No Field Trip Requests are to be submitted after the trip date.

School:			Request Date:						
Teacher(s):				Class:					
Number of Stude	nts Invo	lved:		Number of buses needed		l:			
Field Trip Date:				Alternate D	ate:				
Emergency Cell I	Phone N	umbers:							
Administrators:	1	Teachers:	Parents	/Guardians:	To	otal Chaper	cones:		
Destination:							1		
Field Trip Purpos	se:								
Departure Date &	& Time:			R	eturn Date	& Time:			
Activities:									
Method of Evalua	ation:								
Follow-Up Activi	ties:			Principal's	Checklist				
Follow-Up Activities:				Principal's Checklist Purpose of Trip Transportation Arrangements Cost Agenda Parent Permission Form (Attached) Date Time of Departure & Return Travel Plans Destination Number of Chaperones: Over night Minimum – 1:7; Other Minimum – 1:10 Rules of Conduct Penalties for violation of rules of conduct Other facts necessary for parents Permission Form signed by student & parents Parent Meeting prior to overnight trip Sign in sheets at parent meeting Minutes kept					
Approved Approved Approved	Disappro Disappro	oved Supervived Direct	pal visor or of Instruction or of Schools		Da	ate ate			

*Attach an additional sheet if more space is needed.