

## Hamilton County School District Trip Request Form

1. Is this trip within the state of Florida?  Yes  No
2. Is this trip 120 miles or less (one way) from the school?  Yes  No

If the answer to either question is "No," approval of the Board is required prior to date of travel.

Submit to the Office of the Superintendent by the applicable due date (see board meeting schedule):

- the completed Agenda Request Form (HCS 3016)
- the completed trip request form
- the appropriate supporting documentation (lesson plans for field trips; relevant information for extra-curricular trips)

If the answer to both questions is "Yes," approval of the Superintendent is required prior to date of travel.

Submit to the Office of the Superintendent not less than ten (10) workdays prior to date of trip:

- the completed trip request form
- the appropriate supporting documentation (lesson plans for field trips; relevant information for extra-curricular trips)

School: \_\_\_\_\_ Purpose:  Field Trip  Extra-Curricular Trip  
 Date(s) of Trip: \_\_\_\_\_ Class or Group: \_\_\_\_\_  
 Destination: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_ Number of Students: \_\_\_\_\_

Cost for students: \$ \_\_\_\_\_ Funding source: \_\_\_\_\_  
 Cost for transportation: \$ \_\_\_\_\_ Substitute required?  Yes  No  
 Total cost: \$ \_\_\_\_\_ If, "yes," funding source: \_\_\_\_\_

Chaperones

\_\_\_\_\_  
 \*Signature of Teacher/Sponsor \_\_\_\_\_  
 Date

**\*Teacher/sponsor is responsible for the following items and must check the boxes to confirm that:**

- 1. Approval from grant administrator has been obtained if grant funds will be used to pay for the trip.
- 2. The cafeteria manager has been notified of the trip, either to have lunches prepared or to advise that students will be off campus.
- 3. Clearance from the bookkeeper has been obtained.
- 4. The transportation office has been advised of the pending trip (at least 10 workdays prior to the proposed travel date).

Approved  Rejected \_\_\_\_\_  
 Signature of Principal/Administrator \_\_\_\_\_  
 Date

Approved  Rejected

\_\_\_\_\_  
 Signature of Superintendent

\_\_\_\_\_  
 Date

Approved by  
 Hamilton County School Board

\_\_\_\_\_  
 Signature of Superintendent

\_\_\_\_\_  
 Date