

**Sharyland Independent School District  
Field Trip Request Form**

This form is to be used when students take any trip off campus for school purposes.

School: \_\_\_\_\_ Trip Dates: \_\_\_\_\_ Location of Field Trip: \_\_\_\_\_

Type of field trip and students/team participating: \_\_\_\_\_ Requisition No: \_\_\_\_\_

Depart: \_\_\_\_\_ AM/PM Field Trip Location Contact Person/Number: \_\_\_\_\_

Return: \_\_\_\_\_ AM/PM Campus Contact Person/Number: \_\_\_\_\_

Teacher #: \_\_\_\_\_ Parent#: \_\_\_\_\_ Student # : \_\_\_\_\_ Adult/Student Ratio: \_\_\_\_\_

Name of Chaperones: \_\_\_\_\_

Additional Staff: \_\_\_\_\_

Cost: Per Student \$ \_\_\_\_\_ Per Adult \$ \_\_\_\_\_ Registration Fee \$ \_\_\_\_\_

Hotel Cost (if applicable) \$ \_\_\_\_\_

Total Trip cost: \_\_\_\_\_

Transportation:      District Bus                                  Charter Bus                                  Rental Vehicle

Please state the purpose of the trip and Core Content/Learning Targets:

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: \_\_\_\_\_

If any medications are listed on the permission form, someone must have been identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned. This form may not be submitted to the Assistant Superintendent's office for consideration until you have listed who will be administering all medications and the nurse has ensured that they are trained and authorized:

Trained administrator of **routine** medications (or none): \_\_\_\_\_

Trained administrator of **emergency** medications (or none): \_\_\_\_\_

***The following items have been completed or are in process (initiated by trip planner).***

An anticipated trip itinerary is attached

Specifics on meals, lodging, etc. have been listed on the parent permission form (will be listed when slips are given out)

Background checks for chaperone approval have been initiated

Final approved chaperones must be given to principal at least three (3) school days prior to trip

Trained person for emergency are available as needed

Plans have been made for students, who currently have medication orders on file, at the school to receive routine medications

Sponsor Signature: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Date: \_\_\_\_\_

***ADMINISTRATOR FOR SIGNATURES***

***Principal review and sign prior to sending over to District Office.***

More than 50 miles      Overnight      Out-of-State

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ALL FIELD TRIP FORMS REQUIRE THE ASSISTANT SUPERINTENDENT APPROVAL. MUST BE COMPLETED AND SUBMITTED **15 DAYS PRIOR** TO TRIP, INCOMPLETE OR LATE FORMS CANNOT BE ACCEPTED AND MAY RESULT IN TRIP CANCELLATION.

Assistant Superintendent's Signature: \_\_\_\_\_

Final approval signature from District Office personnel required for all field trips before traveling.

Checklist of Required Documentation to Accompany Request for District Approval:

Trip Request Form

Roster of Students Attending

Asst. Superintendent Approval

Itinerary of Trip

Copy of Parent Permission Slip(s)

Quote