

ZACHARY COMMUNITY SCHOOL BOARD

FIELD TRIP REQUEST FORM

*****MUST BE SUBMITTED FOR APPROVAL AT LEAST 10 DAYS PRIOR TO TRIP.
TRIPS WILL NOT BE SCHEDULED TO CONFLICT WITH REGULARY HTS/STH ROUTES.**

SCHOOL: _____ DATE OF REQUEST: _____

GRADE: _____ GROUP: _____ CONTACT PERSON: _____

DESTINATION: _____

DEPART SCHOOL _____ RETURN TO SCHOOL _____
DATE: _____ DATE: _____

PICK UP TIME: _____ RETURN to SCHOOL TIME: _____

*****Please Note: FS Accounting will ADD 15 minutes to your Pick Up and Return times!!!!**

PICK UP LOCATION: _____

SPONSOR(S): _____

TOTAL
#STUDENTS: _____ # TEACHERS: _____ # CHAPERONS: _____

PURPOSE and PLANS: _____

TYPE OF TRANSPORTATION AND NUMBER REQUIRED	
# FS BUS(S): _____	# ZSB BUS(S): _____
# FS DRIVER(S): _____	# ZSB DRIVER(S): _____
# FS LIFT BUS(S) _____	# ZSB LIFT BUS(S): _____
#PERSONAL VEHICLE(S) _____	#PRIVATE CARRIER _____
Copy of DL License and proof of Insurance Required	

FOOD SERVICE PROCEDURES:

CONTACT YOUR CHILD NUTRITION MANAGER AT LEAST 15 DAYS PRIOR TO THE TRIP, THERE ARE STATE REGULATIONS PRETAINING FIELD TRIPS THAT MUST BE FOLLOWED.

THE ABOVE TRIP HAS BEEN EVALUATED AND IS CLASSIFIED AS		
(PLEASE CIRCLE: <u>ONE</u> CHOICE IN EACH CATEGORY BELOW.)		
TYPE	STATUS	FUNDING
EDUCATIONAL	APPROVED	SCHOOL FUND
NON-EDUCATIONAL	DISAPPROVED	GENERAL FUND
		EXTERNALLY FUND
ACCOUNT NAME & NO. _____		
COMMENTS _____ _____		

APPROVED BY: _____

PRINCIPAL

MAIN OFFICE