

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
ALL AREAS MUST BE COMPLETED

SCHOOL: _____ DATE OF REQUEST: _____

GRADE: _____ GROUP: _____ CONTACT PERSON: _____

SPONSOR(S): _____

DESTINATION: _____

PURPOSE: _____

TOTAL

#STUDENTS: _____ #TEACHERS _____ #CHAPERONES: _____

DEPARTURE

PICK-UP TIME: _____

PICK-UP LOCATION: _____

RETURN:

PICK-UP TIME: _____

PICK-UP LOCATION: _____

RETURN TO: _____

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

FUNDING TO BE USED: SCHOOL _____ SCHOOL BOARD FUNDING _____ EXTERNAL _____
(Pre-Approval Must Be Attached)

ACCOUNT NAME & NO: _____

TYPE OF TRANSPORTATION AND NUMBER REQUIRED

FIRST STUDENT

#BUS(S): _____

#DRIVER(S): _____

#LIFT BUS(S) _____

#PERSONAL VEHICLE(S) _____

ZC SCHOOL BUS

#BUS(S): _____

#DRIVER(S): _____

#LIFT BUS(S): _____

#PRIVATE CARRIER(S) _____

LIABILITY COMPANY: _____

PERSONAL VEHICLES:

Current copy of Driver's License and Proof of Liability Insurance Required & MUST be attached to request. Students ARE NOT PERMITTED (at anytime) to drive other student(s).

PRIVATE CARRIERS:

Quantity and name carrier(s) must be attached to request.

Current copy of carrier(s) Certificate of Liability Insurance, applying to each carrier MUST be attached to request.

APPROVED BY: _____

PRINCIPAL DATE

To Be Completed By Main Office Staff

THE ABOVE TRIP HAS BEEN EVALUATED AND IS CLASSIFIED AS

(PLEASE CHECK: ONE CHOICE IN EACH CATEGORY BELOW)

TYPE EDUCATIONAL NON-EDUCATIONAL

STATUS APPROVED DISAPPROVED

APPROVED BY: _____
SUPERVISOR OF CURRICULUM DATE

DIRECTOR OF OPERATIONS DATE

COMMENTS _____

NOTE: 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.