

# LCSS

## Field Trip/Competition/Excursions Request Form

4.302.2

All field trips shall be discussed with the principal before submitting this form to the office of the Director of Schools. Request forms shall be submitted to the Central Office within **one month** prior to when the field trip would be taken. ***Overnight trips must be submitted for approval approximately 1 month prior to the date of the trip per Board Policy for Board approval.*** If the request is approved, parental permission shall be obtained from all students.

School: \_\_\_\_\_ Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

Type of Field Trip Requested: Day \_\_\_ Overnight \_\_\_ \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_ Location of Trip: \_\_\_\_\_

Estimated Departure Time: \_\_\_\_\_ Estimated Return Time: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_ (Bus request must be sent to Transportation)

Estimated Number of Students: \_\_\_\_\_

Plans for Supervising Students 1-12. List Chaperones by name (All chaperones must have a current background check on file at the Central Office):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***Copy of Vendor's Liability insurance required.*** Verified by: \_\_\_\_\_

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Signature of Principal

*Internal Use Only:*

Approved: Yes No Date Received: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Central Office Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director of Schools

\_\_\_\_\_  
Date