Baldwin County Public Schools: Academic Field Trip Request Form

Must be submitted for principal's approval three (minimum) weeks prior to proposed trip.
(Superintendent’s office, two weeks prior if approval required.) Trips requiring detailed arrangements should be submitted for approval prior to finalizing plans.

School: ___________________________ Date of Request: __________
Teacher: ___________________________ Grade/Subject: __________
Date of Trip: ___________ Depart: ___________ Return: ___________

Destination(s): ________________________________________________
Purpose/Activity: _____________________________________________________________________

# Students: ____ # Buses: ___ Chaperone Ratio ____ to ____ Cost to Students: $ _________
(No student may be denied participation solely because of inability to pay.)

Transportation If other than school buses: _______________________
(Manifest required for walking or transported field trip.)
Arrangements for students not participating: __________________________

Cafeteria Notified [ ]

Instructional Objectives Method of Evaluation

Subject Area: ___________________________
Objectives from SDE Course of study and / or System Curriculum Plan:
_________________________________________________________________________________
_________________________________________________________________________________

Method of Evaluation:
_________________________________________________________________________________
_________________________________________________________________________________

This field trip is included in my lesson plans.

Teacher's Signature __________________ Date: _______________

Approximate mileage if outside grade level radius: ________________

Principal’s Approval: __________________

SUPERINTENDENT'S APPROVAL REQUESTED

Date: ________________

( ) Overnight (Attach details on schedule/lodging arrangements)
( ) Other than by land travel
( ) Over 100 mile radius
( ) Out of state

Superintendent's Approval: __________________ Date: ________________

Driver's Report: ODOMETER READING: Beginning: ________________
Ending: ________________ Bus Number: ________

Driver’s Signature: ___________________________ Total Trip Mileage: ________

Copies: White: School Yellow-Transportation (2 Weeks before Trip) Pink-Driver