## FIELD TRIP REQUEST FORM

Return this form to:

Mrs. Cynthia Thomas, Superintendent

Dr. Christie Armstrong, Director of Instructional Support and Services

358 Elba Highway

Troy, AL 36079

To be submitted 6 weeks PRIOR to the trip date. All sections are to be completed.

SCHOOL/DEPARTMENT		PRINCIPAL/SUPERVISOR		
DATE OF REQUEST		REQUEST SUBMITTED BY		
Employee(s) Printed Name		Employee(s) Signature		
LOCATION OF TRIP		TYPE OF FIELD TRIP		
DATE OF TRIP:		OTHER STOPS TO BE MADE:		
TIME OF DEPARTURE:		SUBJECT AREA:		
DATE & TIME OF RETURN :		#OF CHAPERONES:		
# OF STUDENTS:		GRADE(S):		
NURSE REQUIRED?		MODE OF TRANSPORTATION:		
#REGULAR BUSES NEEDED:		# HANDICAP BUSES NEEDED:		
ESTIMATED COST OF TRIP:		COST PE	R STUDENT:	
REFERENCE PAGE # OF CURRICULUM GUID SUBJECT MATTER RELATED TO FIELD TRIP: rationale)		4		
	BE COMPLETED BY SUPERVISOR:		APPROVED DENIED	THIS SECTION TO BE COMPLETED BY PROGRAM DIRECTOR:
CICNATURE	DATE	SIGNAT	LIDE	DATE
	DATE BE COMPLETED BY	JIGIVAT	APPROVED	THIS SECTION TO BE COMPLETED BY
	ON SUPERVISOR:		DENIED	SUPERINTENDENT:
SIGNATURE DATE		SIGNATURE		DATE

BUS DRIVER(S)

<sup>\*</sup>Be sure to check the list of designated certified bus drivers. If you have any questions, contact Troy City Board of Education at 566-3741.