



REQUEST FOR APPROVAL OF UNUSUAL FIELD TRIP

Circumstances that make a field trip unusual:

- Involves student safety or FCPS liability
- Includes a water-related activity (e.g., amusement park, motel swimming pool)
- Involves overnight trip
- Involves International travel

TRIP INFORMATION

School: _____ Grade or Activity: _____

Destination: _____

No. of Students:	No. of Staff Members:	No. of Chaperons:
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Date, Time, and Place of Departure: _____

Date, Time, and Place of Return: _____

Purpose: _____

POS Correlation or Academic Focus: _____

Repeated Trips: _____

AN ITINERARY MUST BE ATTACHED TO THIS REQUEST

Transportation: Walking School Bus Private Vehicle Commercial Carrier (see Notice 5790 for approved carriers): _____

Metro Bus or Rail County Vehicle Leased Vehicle _____ Commercial Carrier Name

Other

Number of Buses Needed _____ Does This Require Facilities for Special Needs? YES NO

Direct Supervision Will Be Provided by Adults . Exception(s), If Any: _____

Cost per Participant: _____	Source of Funding: _____	Substitute(s) for Classes Needed <input type="checkbox"/> YES <input type="checkbox"/> NO
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Name and Phone No. of Person to Contact for Emergencies: _____

FOR OVERNIGHT TRIPS ONLY

Name and Daytime Phone No. of Staff Member(s) Responsible for Trip: _____

Names of Other Staff Members and Chaperons: _____

REQUESTER

Teacher: _____ Date: _____
(Print Name)

APPROVALS

Approval by Principal Date _____

Approval by Cluster Assistant Superintendent (International Trips only) Date _____

Reviewed by Risk Management Date _____

Approval by Deputy Superintendent (International Trips only) Date _____

Comments: _____
