

**HYDE COUNTY SCHOOLS
REQUEST FOR APPROVAL OF STUDENT(S)
OVERNIGHT FIELD TRIP**

School: _____

Sponsor's Name: _____

Field Trip Destination: _____

Distance From School: _____

Mode of Transportation: _____

(Charter Bus Service must be approved in advance by Transportation Director)

Departure Date/Time: _____ **Return Date/Time:** _____

Number of Students: Female: _____ Male: _____ Total: _____

Chaperones:

Staff:

Parents:

1. _____	6. _____	1. _____	6. _____
2. _____	7. _____	2. _____	7. _____
3. _____	8. _____	3. _____	8. _____
4. _____	9. _____	4. _____	9. _____
5. _____	10. _____	5. _____	10. _____

Additional chaperones may be listed on back of request form. Chaperones accompanying students on trips will be of equal ratio to the number of male/female students. Staff will instruct motel/hotel management to disconnect paid movies on television in rooms occupied by students.

Educational Purpose of Field Trip: _____

Number of Instructional Days/Hours Missed:

Days: _____ **Hours:** _____

Source of Funds: _____

In the event the trip were to be cancelled, what is the last day to obtain a refund for monies incurred? _____

Safety and Security:

Safe and secure environments are critical to creating a learning environment where students can succeed. Staff and students share in the responsibility to take reasonable precautions and safety measures to create and maintain a safe environment for all overnight educational trips. **THE SUPERINTENDENT RESERVES THE RIGHT TO CANCEL APPROVAL OF ANY FIELD TRIP AS WARRANTED.**

Additional Chaperones:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Date of Principal/Sponsor Conference: _____

Date of School Nurse/Sponsor Conference: _____

Nurse's Signature: _____

Sponsor's Signature: _____

Principal's Signature: _____

I conferred with the sponsor in person and have informed the sponsor and teacher chaperones that they are on duty 24 hours a day for the entire duration of the trip. I have also verified this field trip to be in compliance with the Hyde County Board of Education Policy regarding overnight educational trips, and I recommend its approval. I have reviewed regulations with the trip sponsor.

Director of Instructional Programs & Assessment's Signature: _____ **Date:** _____

Approved: _____ Not Approved: _____

*(If **approved**, forward to Superintendent - If **not approved**, return to principal)*

Date Submitted to Superintendent's Office: _____

Bus Availability: _____ **Date:** _____
(Transportation Director)

Driver: _____
(Transportation Director)

Approved: _____ **Date:** _____
(Superintendent)

Disapproved: _____ **Date:** _____
(Superintendent)

Board Approval Date: _____

Post Trip Comments:
