

## REQUEST FOR FIELD TRIPS/EXCURSIONS

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Grade or Class: \_\_\_\_\_ Destination: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time of Departure(s): \_\_\_\_\_ Number of Chaperones: \_\_\_\_\_

Teacher/Student Ratio: \_\_\_\_\_

Hotel (for overnight stays): \_\_\_\_\_ Hotel Phone Number: \_\_\_\_\_

Date and Time of return: \_\_\_\_\_

Is school system transportation required? ☐ Yes ☐ No

If yes, have arrangements been approved by the Transportation Manager?

Yes No

If no, what mode of transportation is being utilized? \_\_\_\_\_

If a charter bus, has the [INS-P010](#) Obtaining Chartered Transportation packet been completed?

Yes No

1. What are the purposes of the field trip? (List objectives)

2. How will the trip contribute to attaining the objectives established for the unit or lesson?

3. What activities have the students engaged in that will prepare them for the field trip?

4. What activities will students engage in after the trip that will provide opportunities for desirable outcomes?

## PLEASE CHECK FIELD TRIP OR EXCURSION

☐ **FIELD TRIP** (Field Trip is travel within the same day and limited to a radius of 200 miles.)

☐ **APPROVED**

☐ **DISAPPROVED**

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If school system transportation is required, please enter request via Trip Planner at least (10) days prior to the activity.

Submit "*Professional Leave*" (PAY-F007) form to appropriate supervisor for approval or disapproval.

**File this form in the Principal's Office. Do not send this form to the Director's Office or Transportation Supervisor for a Field Trip.**

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☐ **EXCURSION TRIP** (Excursions are defined as travel involving overnight stays and/or distances in excess of 200 miles within the continental United States.)

Number of Instructional Days that will be missed:

☐ 0 – 1 days

☐ **APPROVED**

☐ **DISAPPROVED**

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ 2 or more days

☐ **APPROVED**

☐ **DISAPPROVED**

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **APPROVED**

☐ **DISAPPROVED**

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If school system transportation is required, please enter request via Trip Planner at least (10) days prior to the activity.

If a charter is required, complete the [INS-P010](#) Obtaining Chartered Transportation packet.

Enter request via Trip Planner and submit "*Professional Leave*" form to appropriate supervisor for approval or disapproval.

**Please submit this form to the Director's Office for all excursions.**

**The teacher or sponsor must attach a detailed itinerary for an activity before the excursion is approved.**

## Checklist for Field Trip/Excursion Trip Planning

- ☐ 1. Has the selection of the site or area, to be visited, been made in terms of whether or not it will provide for the personal growth of the student and meet the aims of education?
- ☐ 2. Is it practical in terms of available transportation and time?
- ☐ 3. Obtained "*Requests for Field Trips/Excursion Forms*" at least 4 weeks prior to trip (6 weeks for Excursion).
- ☐ 4. Called site and obtained information on date availability and expenses for students, teachers and chaperones.
- ☐ 5. Determined total Field Trip Fees.
- ☐ 6. Permission forms sent home and returned.  
Permission Slips should include the following information:  
Destination  
Date with times of departure and return  
Cost – including information concerning refunds  
Lunch information – if required
- ☐ 7. Are an adequate number of chaperones available? (Usually, the ratio is 1 adult to 10 students) All chaperones, who are not parents, must be 21 years of age or older.
  - Parents are not permitted to ride on CMCSS buses, unless written approval is obtained from the school principal.
  - District students not affiliated with the trip activity and non-district students shall not be permitted to participate in the field trip activity.
- ☐ 8. School has signed disclaimer of felony offenses on file. (Pg.5) **(For overnight excursions only)**
- ☐ 9. **All chaperones, who are not parents, must be 21 years of age or older.**
- ☐ 10. All chaperones have been cleared through the TBI Sex Offender Registry @ <https://sor.tbi.tn.gov/SOMainpg.aspx> **(For overnight excursions only)**
- ☐ 11. Have arrangements been made for meals? (If using sack lunches from Cafeterias, a minimum of 4 weeks notice is required).
- ☐ 12. Has the code of conduct been established?
- ☐ 13. Are appropriate materials and equipment available?
- ☐ 14. Has necessary information regarding the trip been made available to parents and school officials? (Detailed itinerary necessary for Excursion Trips).
- ☐ 15. Have provisions been made for the students who cannot afford to make the trip if money is necessary? (Fee waivers)
- ☐ 16. Have arrangements been made for students who are not going on the field trip? (Should be completed 5 days prior to the trip)
- ☐ 17. Checked on medications for those students who require them.

## DETERMINING FIELD TRIP COST

Sponsoring Teacher: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Total Admission: \_\_\_\_\_

Admission X # of Students

Driver Lodging Expense

Total Mileage: \_\_\_\_\_

Mileage 1 Way X 2 X 1.60 X # of buses = Total Mileage

Cost. Total Trip Cost: \_\_\_\_\_

Meal Total + Tip (15%) X # of buses = Total Meal Reimbursement

\$19.00 X Total Hours = Price per driver X # of buses = Total Driver Hourly Pay

Total Meal Reimbursement + Total Driver Hourly Pay = Total Driver Pay

Cost Per Child: \_\_\_\_\_

\_\_\_\_\_

Total Admission + Total Driver Lodging + Total Mileage + Total Driver Pay = Total Cost / # of students = Price per child

*Meal reimbursement for bus driver: The following time schedule shall determine eligibility for meals. Any employee at his/her official station or in Montgomery County during these times shall not be entitled to reimbursement. Meal reimbursements for one-day trips are not covered.*

Meal	Time	In-State Charge	Out-of-State Charge
Breakfast	6:00 a.m. – 8:00 a.m.	\$7.00	\$9.00
Lunch	11:00 a.m. – 1:30 p.m.	\$11.00	\$13.00
Dinner	5:00 p.m. – 6:30 p.m.	\$23.00	\$29.00

**Disclaimer of Felony Offenses  
(Overnight excursions only)**

1. Have you ever had any indicated finding of child abuse filed in your name? If yes, explain, giving dates:
  
  
  
  
  
  
  
  
  
  
2. Have you ever been convicted following the arrest for a criminal offense or traffic violation, including conviction on a plea of guilty, a plea of no contest, or order of granting pre-trial diversion? If yes, explain, giving dates:
  
  
  
  
  
  
  
  
  
  
3. Does your name appear on any Sex Offender Database in any state or county?

I hereby certify that all questions above to the best of my knowledge are true and complete. I understand that permission to serve as a volunteer for CMCSS will be contingent upon answers provided above.

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Printed Name

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Signature

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Date