



NON-OVERNIGHT FIELD TRIP REQUEST FORM

Organization / Grade Level	Campus	Faculty Sponsor's Name

Departure Date	Departure Time	Return Date	Return Time	# of Students	# of Adults

Campus attendees:

Trip Destination	Day to be missed
	<input type="checkbox"/> Instructional Day <input type="checkbox"/> Weekend

Purpose of Trip: Identify and describe the curriculum connection, TEKS:

Check one of the field trips below:
<input type="checkbox"/> Local Field Trip (form due 21 days in advance)
<input type="checkbox"/> Extended Non-Overnight Field Trip (form due 21 months in advance)

Required approvals:
_____ Sponsor (signature) Date
_____ Principal (signature) Date
_____ Director/Coordinator (signature) Date
_____ Area Executive Director (signature) Date

School Policy Requirements:	
<input type="checkbox"/> Rules & consequence (contract) unsigned copy	<input type="checkbox"/> Detailed itinerary attached
\$ _____ Estimated cost of trip	<input type="checkbox"/> List of participants (chaperones & students)
\$ _____ Estimated cost per student	<input type="checkbox"/> Detailed financial information attached (fundraising, transportation, meals, etc.)
\$ _____ Funds on hand as of today	<input type="checkbox"/> Permission forms signed & returned to campus (chaperones & students)
\$ _____ Funds yet to be raised	<input type="checkbox"/> Sponsor has read Administrative Guidelines (those that pertain to field trip procedures)
_____ Budget or activity fund number	