GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

BUSINESS SERVICES



OVERNIGHT FIELD TRIP REQUEST FORM

Organization / Grade Level	Campus	Faculty Spo	Faculty Sponsor's Name	
Departure Date Departure Time R	Return Date Return Ti	me # of Students	# of Adults	
Trip Destination		Day to be m	issed	
		☐ Instructional Day	☐ Weekend	
Curricul	um Connection & Purpose	of Trin***		
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***Briefly identify and describe the curriculum conne	ection, TEKS , and purpose of to	rip.		
Check one of the field trips below:		Required approvals:		
Local Field Trip (form due 21 days in advance)	Spor	nsor (signature)	 Date	
	Princ	cipal (signature)	Date	
	Direc	Director/Coordinator (signature) Date		
Extended Non-Overnight Field Trip (form due 21 months in advance)	Area	Executive Director (signatu	re) Date	
s	school Policy Requirements:			
☐ Rules & consequence (contract) unsigned copy		d itinerary attached		
\$ Estimated cost of trip	☐ List of p	participants		
\$ Estimated cost per student		(chaperones & students) Detailed financial information attached		
\$ Funds on hand as of today		(fundraising, transportation, meals, etc.)		
\$ Funds yet to be raised		 Permission forms signed & returned to campus (chaperones & students) 		
Budget or activity fund number		 Sponsor has read Administrative Guidelines (those that pertain to field trip procedures) 		

