

**SCOTLAND COUNTY SCHOOLS** Date Submitted \_\_\_\_\_

**Request for Approval - Field Trip**

Approval required by Principal & Superintendent (Designee): *Local & out-of-county day trips.*

*Form due for 1<sup>st</sup> Semester – September 15; 2<sup>nd</sup> Semester – December 15*

Approval Required by Principal, Supt. (Designee), & Board of Education (International Travel):

*Overnight & out-of-state trips: To CO 30 days prior to Board Meeting preceding trip.*

**\*\*Chaperone(s): PK through 5 - (1) Chaperone per 8 Students, 6-13 – (1) Chaperone per 10 Students\*\***

SCS COVID Guidelines and the guidelines set by the field trip location should be followed on all field trips by staff and students at all times. If there is a discrepancy between the two, the more restrictive guidelines will be followed.

Teacher(s): \_\_\_\_\_ School: \_\_\_\_\_ Grade(s): \_\_\_\_\_

Trip to: (exact destination and city): \_\_\_\_\_

School Bus # \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_ Mode of Transportation Activity Bus # \_\_\_\_\_

# of School Days involved: \_\_\_\_\_ \*\*If using Charter Bus, a Charter Bus \_\_\_\_\_

Departure Time is required: \_\_\_\_\_

Number of Students: \_\_\_\_\_ Length of Trip: Miles \_\_\_\_\_ Hours \_\_\_\_\_

Cost per Student: \_\_\_\_\_ Source of funds: \_\_\_\_\_ School to pay? Yes  No

\*\*Chaperone(s) \_\_\_\_\_ Total # of Adults: \_\_\_\_\_

\*\*\*Background checks completed on chaperones? Yes \_\_\_\_\_ or No \_\_\_\_\_

Purpose of the Trip: How does this relate to objectives in the North Carolina Standard Course of Study?

List curriculum area(s) and objective(s) numbers. Please attach a pre, during and post field trip lesson plan.

SCOS Objective/Club Standards: \_\_\_\_\_

Measurable Pre-Activity: \_\_\_\_\_

Measurable During Activity: \_\_\_\_\_

Measurable Post Activity: \_\_\_\_\_

Will all eligible students be able to attend the field trip? Yes \_\_\_\_\_ No \_\_\_\_\_ If a student is not able to attend the field trip, please attach the alternate lesson plan for the student(s).

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Action by Principal    Approved/Denied (Circle One)    \_\_\_\_\_  
Principal's Signature & Date

Action by CTE Director    Approved/Denied (Circle One)  
(Only if CTE is providing any funding for the field trip)    \_\_\_\_\_  
CTE Director's Signature & Date

Action by Superintendent/Designee    Approved/Denied (Circle One)    \_\_\_\_\_  
Superintendent Designee's Signature & Date

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\_\_\_\_\_  
Superintendent (Designee) Signature    Date    Board of Education (International Only)    Date

\* Work with Transportation on procedures for use of charter bus(s)    Copy to School \_\_\_\_\_  
\*\* More than one chaperone per bus, one chaperone must sit in back of bus    Copy to Transportation \_\_\_\_\_